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SMALL GROUP THERAPY IN THE CHURCH

A Dissertation
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The School of Theology at Claremont

In Partial Fulfillment
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Doctor of Religion

by
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CHAPTER I

INTRODUCTION

The purpose of this dissertation is to argue that an approach to therapy which is confrontational, contractual (covenant-making), open (confessional), and directive is the most appropriate for small group therapy in the Church.

In the minds of many the prospect of group therapy's being conducted under church auspices is a frightening one. Critics of the Church may well ask of the Church if its professional leadership is equipped to handle complicated personal problems as adequately as are other "professional" sources. These objections must be answered by honestly evaluating the Church's mental health resources. Does it have trained leadership, is it able to develop a therapeutic community, is it willing to serve as a responsible referral source for persons it cannot help? If the answers to these questions are, "yes," the Church qualifies under secular criteria as an acceptable setting for group therapy.

A much more difficult question to answer is the one raised by the friends of the Church who ask, "How can the practice of pastoral group therapy be shown to be a legitimate part of the mission of the Church?" This author has been deeply impressed by a reference made in a lecture by Howard J. Clinebell, Jr. regarding a classic study that had been undertaken by H. Richard Niebuhr, Daniel Day Williams, and James M. Gustafson in a report entitled The Purpose of the Church and Its Ministry. In a recent work Clinebell, again making

reference to the above-mentioned study, said,

H. Richard Niebuhr and his collaborators concluded that "no substitute can be found for the definition of the goal of the Church as the increase among men of the love of God and neighbor." One basic function that is impaired in the mentally ill person is his ability to give and receive love. A teacher of psychiatry has observed that the two great commandments of Jesus provide a test of mental health. To the extent that a person is able to love God and neighbor, he is mentally healthy. When one sees the basic purpose of the church and the nature of mental health in juxtaposition, their interrelationship becomes clear. To say to a person who is crippled in his ability to love, "What you need is to love God and your neighbor," is like saying to a man clinging to a log in mid-ocean, "What you need is dry land." Nothing could be truer or less helpful. In working for positive mental health or for the improved treatment of personality problems the church is implementing its basic purpose by enhancing the ability of persons to love God and neighbor.¹

Colin W. Williams has suggested that as the church seeks to fulfill its mission it must "Let the world write the agenda."² In our society we have deeply-rooted cultural dogmas regarding the importance of the individual. Individual initiative, the free enterprise system, private property rights, and personal self-sufficiency are held up by many in our land as being the hallmark of American democracy and Christian virtue. When we carefully study the American cultural scene, we soon realize that individualism is more in the realm of a revered historical ideal than in the realm of a readily recognizable sociological fact. Max Rosenbaum and Milton Berger have observed that

Philosophic tradition in the United States stresses the ethic of individual responsibility, with, historically, little emphasis

¹Howard J. Clinebell, Mental Health Through Christian Community (New York: Abingdon Press, 1965), p. 19.

²Colin W. Williams, Where in the World (New York: National Council of the Churches of Christ in the U.S.A., 1963), p. 75.

on the group and its relationship to the individual. Nevertheless, the country is in fact group oriented. Certainly, although the pioneers who settled our frontiers stressed the rights of the individual, they were dependent upon group functioning to carry out their ambitious goals of settlement. With the turbulent passage of the nation from an agrarian to an industrial life, one of the problems of American reformers during the early 1900's was that in fighting for individual values they had to use techniques of organization. As the homogeneous, rural, Protestant Yankee felt the impact of industrialization and of new waves of immigration, individualistic forms of living were supplanted by highly organized forms of group living. The image of the independent and extremely self-reliant man was rapidly disappearing. Today the student of human behavior, however deeply concerned with the individual, must also be concerned with the individual within the group.³

Mankind, according to our best anthropological studies, has always shown himself to be a gregarious animal. Man has continually found himself to be inextricably interwoven into the fabric of group life. One of the early trail brazers in group therapy has convincingly argued that human grouping is more than a mere human cultural phenomenon. He maintains that

As a social phenomenon, grouping is not an invention or discovery of man, but has its roots in nature. Groupings are essential for the biological survival of lower animals and because of his frailty they are particularly important for man. They are also essential to man's psychological and spiritual life. Man consciously uses groups for enhancement of personality and for social survival. Psychological cravings originate in the family, being derived, at first, from dependence on parents or surrogates and from sibling relations and rivalries. They are further developed through various types of cultural values and emphasis. However, despite the many artifices for their promotion, groups must be recognized for what they are -- extension of biological life and an integral part of nature.^{4, 5}

³Max Rosenbaum and Milton Berger, Group Psychotherapy and Group Function (New York: Basic Books, 1963), p. 1.

⁴S. R. Slavson, A Textbook in Analytic Group Psychotherapy (New York: International Universities Press, 1964), p. 7.

⁵In another volume, the same author states that "the collective

Even if the biological basis for groups were to be viewed as less than certain, the psychological and theological importance of groups would remain great indeed. It is interesting to note that, while civilized man has always made use of groups in performing the functions of life, it has only been in this century that we have begun to study seriously and utilize therapeutically the power that resides within groups.

Drawing from largely secular sources Margaret E. Kuhn, a student of group dynamics, has written under National Council of Churches auspices that

Only within the last two or three decades have we begun to understand and utilize the natural forces that are inevitably set in motion whenever two or more persons get together. Groups are more than the sum of their parts. In the group process we recognize both the individual person and the product of the social forces of which he is a part. We do not think of him or his problem apart from the social forces that play upon his life, for a person is not simply a member of a group, nor simply an individual. Each person has something to contribute to our collective life. Each is involved in a complex network of relationships with other people. By this recognition of the nature of man and of the society he helps to fashion, we perceive profound theological truths concerning God's desire for men and God's way with the world.⁶

Williams states that "if it [the church] is to be truly the servant of God's mission in today's alienated and fragmented society...the time has come to allow the Church to take shape around the needs of the

instinct is a biological device for survival" and that when we deal with groups we are dealing "with the very essence of life." S. R. Slavson, The Practice of Group Therapy (New York: International Universities Press, 1947), p. 24.

⁶Margaret E. Kuhn, You Can't Be Human Alone (New York: National Council of the Churches of Christ in the U.S.A., 1956), p. 1.

world."⁷ If the Church takes seriously the needs of the world, it will become a servant like its Lord and will adopt appropriate measures to seek to meet these needs.⁸ Today's pastors, more than any other professional group, are forced to deal with persons seeking help in dealing with personal problems.⁹ The decision that pastors are forced to make is focused in the question, "Will they respond to hunger with bread or with stones?"

It has become a cliché in our time to state that modern man experiences both isolation and alienation. Although the intellectual expression of man's plight has become trite, it nevertheless points to the essential task of the Church in our world. Clinebell has suggested that

A counseling relationship can help overcome that alienation from ourselves, other persons, and God which is the essence of "sin." In counseling a minister and his people struggle together with basic theological issues on a deeply personal level. Whether the issues are identified by theological labels or not, they are there at the heart of counseling -- sin and salvation (i.e., reconciliation), guilt and forgiveness, judgment and grace, spiritual death and rebirth. In a real sense rebirth to wider worlds of meaning and relationship is the ultimate goal of pastoral counseling. Counseling is an effective response to the words of a young carpenter-prophet, "You must be born again." The ministry of counseling is one of the means by which the church helps people experience that truth about themselves, others, and God which alone can make them inwardly free. There is nothing about sound pastoral counseling which is alien to the church's mission.¹⁰

⁷Williams, op. cit., p. 75.

⁸Ibid., p. 76.

⁹Howard J. Clinebell, Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), pp. 42-43.

¹⁰Ibid., p. 46.

Pastoral group counseling is an especially effective tool in overcoming man's alienation because it deals with man's lack of community by placing him within a therapeutic social framework. Pastoral group therapy, in turn, is placed within (and is responsible to) a larger community (the institutional church). C. W. Brister has reminded us of the possible contemporary therapeutic power of the churches.

The local congregation is strategically poised to serve today because it is already existing. Whether it plays its role or not ...the parish is a fact. It is, by right, if not in reality, that tiny cell of Christianity, of the Incarnation....Every community has its own. The church alone, of all institutions, is concerned with the ultimate dimensions of life -- its hopes and fears, its joys and sorrows, its achievements and failures. Its ministry is to be directed to the universal needs of the human heart.¹¹

If we are to deal constructively with the primary sources of man's alienation, we will need to help individuals either to become reunited with their "significant others" (family, spouse) or, if that is impossible, to provide a new community where healing can take place in depth. Pastoral group therapy has often been seen as a new family environment in which an individual can "live out in a permissive atmosphere the things he did not finish living out as a child, and one can learn as well to cope with the reasons why he is afraid, insecure, guilty, hostile, anxious."¹² In the new family made up of a pastoral counselor and fellow group members an individual has the opportunity

¹¹C. W. Brister, Pastoral Care in the Church (New York: Harper and Row, 1964), p. 95.

¹²Clifton E. Kew and Clinton J. Kew, You Can Be Healed (New York: Prentice-Hall, 1953), p. 16.

of facing life's responsibilities with familial support and understanding.

Here he is accepted, understood, and forgiven, and here he learns to accept and to forgive. And as the individual works through his emotional problems and gains insight into his emotional conflicts, he is gradually freed of these conflicts, allowed to grow and mature, and to function, finally, at his fullest capacity. All the members of the family, through group interaction, help one another to bear one another's burdens, and thereby approach the goals of therapy.¹³

It is the role of a pastor to serve as a catalyst in bringing about the realization of a redemptive and therapeutic community where man can love and be loved.

No fellowship of humankind on earth, beyond the ties of family kin, is so strong and sure and inspiring as those of the family of God. Man, who has been "flung into existence"...needs to belong to a local Christian fellowship in order to transcend his fractured humanity.¹⁴

A recent trend in group psychotherapy has, in the opinion of this author, proven to be appropriate to the Church's mission of working for "the increase among men of the love of God and neighbor."¹⁵ Although theoretically the Church could adopt any secular group therapy tools that would aid it in achieving its goals, certain therapeutic stances are obviously more in keeping with the Church's traditional ministry to persons than are others. O. Hobart Mowrer, William Glasser, Howard J. Clinebell, and numerous other group therapy theoreticians have recently been advocating an approach to group therapy that is confrontational, contractual (covenant-making),

¹³Ibid.

¹⁴Brister, op. cit., p. 99.

¹⁵Clinebell, Mental Health..., p. 19.

open (confessional), and directive.

In a pastoral group therapy setting the pastor serves in the paradoxical role of a servant to servants.¹⁶ Because of his socially-defined role, he is expected to give leadership. However, this leadership is not to be of a dictatorial or condescending nature. Because a pastoral group counselor hopefully has personally experienced healing and grace himself within a therapy setting, he is willing to accept the group members as fellow human beings who, like himself, stand in need of acceptance and encouragement. As a pastor and as a person who has undergone a personal therapeutic experience, he is aware that acceptance and guidance can be given through helping a person to be confronted with reality and with possible new directions for living.

The methodology involved in this study will be, first, to review briefly the literature in the areas of group counseling and group dynamics with special emphasis given to the work of William Glasser and O. Hobart Mowrer; second, to criticize and analyze the dynamics involved in three experimental groups referred to as Pastoral Counseling Groups A, B, and C (Group B was strongly oriented toward an approach to group counseling that was confrontational, contractual, open and directive -- groups A and C failed to make full use of these therapeutic elements), making periodic references to literature in the field, intensive case studies, a questionnaire, and

¹⁶Brister, op. cit., p. 97.

clinical observations of the therapist and his supervisors; and, third, to evaluate the data presented in the first two parts of this methodology.

The clinical portion of this study will deal with three time-limited therapy groups with which the author worked in the capacity of therapist. Two of the therapy groups were conducted at the Claremont Area Pastoral Counseling Center. A third therapy group (personal growth group) was conducted at the First Christian Church of Whittier, California. The counseling supervisors for these groups were Dr. Frank W. Kimper and Dr. Howard J. Clinebell, both faculty members of the Southern California School of Theology at Claremont, California. Dr. Kimper, who also serves as the Claremont Area Pastoral Counseling Center's director, was the administrative supervisor for Counseling Center Groups A and B. The Reverend Mr. Reynold Neufeld was administrative supervisor for the personal growth group in the Whittier Christian Church. Additional invaluable help was given to developing the author's understanding and treatment of the clients in the three therapy groups by Drs. Richard R. Parlour, Robert Hodges, David Zapella, and Lorna Forbes, Counseling Center psychiatric consultants.

CHAPTER II

THE DEVELOPMENT OF GROUP PSYCHOTHERAPY

The historical development of group psychotherapy will here be considered in three segments: the period prior to World War I, the period between World War I and World War II, and the period of World War II to the present. This categorization seems to be supported strongly by the waves of creativity in group therapy that had their genius during these great periods of recent history. Of special importance is the social upheaval surrounding World War II that has given great impetus to the development of group psychotherapy. In a general statement regarding the origins of group psychotherapy, Florence B. Powdermaker and Jerome D. Frank have said

Group psychotherapy, as far as its history can be determined, had its inception in the observation that hospital or clinic patients with similar medical and psychological problems may receive benefit from one another as well as from a doctor. The dynamics of the processes by which the beneficial effects took place were not clear, nor was it specifically known in what manner and to what degree patients received mutual support. But it was obvious that, if successful, group therapy could effect much-needed economy. During the war the prevalence of psychological disabilities in numbers far too great for concentrated individual attention made the use of group treatment practically a necessity, and after the war interest in this method of therapy continued to increase.¹

¹Florence B. Powdermaker and Jerome D. Frank, Group Psychotherapy: Studies in Methodology of Research and Therapy (Cambridge, Mass.: Commonwealth Fund, 1953), p. 1.

1. THE DEVELOPMENT OF GROUP THERAPY PRIOR TO WORLD WAR I

The early days of group therapy are of special interest to those persons engaged in pastoral counseling. With few exceptions the earliest group psychotherapists were either ministers or secular counselors who had a working relationship with the Church.² Joseph Hersey Pratt, a Boston internist, is considered by most observers to be the father of group psychotherapy. Pratt was convinced that it was possible to treat indigent tuberculosis patients through a combination of class lectures and rigid self-conducted home treatment. Because he was unable to find funds in medical circles to establish a clinic to implement his new approach to the treatment of tuberculosis, Pratt turned to the Emmanuel Church of Boston for financial support. In 1905 Dr. Pratt conducted his first meetings with tubercular patients. The meetings were judged by Pratt and his associates (many of them ministers) to be a great success. The patients reportedly gained mental stimulation, encouragement, and social pleasure from the group meetings.³ Despite the seemingly excellent results of Pratt's experiment, his project met severe criticism from medical authorities. In his definitive chapter on the history of group therapy, Raymond

²Some histories of group psychotherapy mention the work of Anton Mesmer, an early 19th century student of group suggestion and hypnosis, as being a notable forerunner of what we now refer to as group psychotherapy. cf. J. W. Klapman, Group Psychotherapy Theory and Practice (New York: Grune and Stratton, 1946), p. 1.

³ibid., p. 2.

J. Corsini has written:

Dr. Pratt's efforts were followed with great interest. Drs. David Riesman of Philadelphia, F. J. Ripley of Brockton, D. Dencker of Boston, and F. T. Fulton of Providence were among the physicians who employed the class method for the treatment of a variety of physical ailments. In addition, Elwood Worcester and Samuel McComb, ministers of the Emmanuel Church, established the Emmanuel Church Health Class and began to publish a series of pamphlets and a book in which they discussed the place of religion in medicine. Other physicians did not obtain the same results. Medical societies did not take kindly to the intrusion of the clergy into medicine, and as a result the class method and the movement initiated by Pratt in 1906 appeared to have died by the beginning of World War I.

One critic wrote about the efforts of Worcester and McComb, "Their efforts are ostensibly to aid legitimate medicine, as they proclaim, but in reality are to usurp the doctor's functions in all disease."⁴

In the years following 1906 Pratt came to be increasingly interested in applying his class (group) treatment method to working with persons who were suffering from psychosomatic symptoms rather than with organically-determined disease. In 1930 he established a clinic at the Boston dispensary for the treatment of psychosomatic disorders. It is interesting to note that Pratt, a pioneer in group psychotherapy, appeared to be much more strongly influenced by clergymen Worcester and McComb than by the great psychoanalytic minds of his day.⁵ He seems to be the first in a long line of group psychotherapists who have sought to place the massive resources of the Church behind the group counseling movement.

In the period of time when Pratt was experimenting with "class

⁴Raymond J. Corsini, Methods of Group Psychotherapy (New York: McGraw-Hill, 1957), p. 12.

⁵Ibid., p. 13.

meetings," a type of inspirational group therapy that came to be referred to as the Emmanuel Church Movement was conducted by ministers within a religious setting. L. Cody Marsh, a minister who later became a psychiatrist, also conducted group psychotherapy within an inspirational framework. Mullan and Rosenbaum report that as early as 1909 Marsh had begun to deliver inspirational and academic lectures to large groups of psychiatric patients.

Marsh used almost a revival technique, which was very inspirational. Since he began his psychiatric work in the Boston area, he may have been influenced by the work of Worcester and McComb, but this is only speculative. Marsh used everything that he thought might be helpful to the psychological well-being of his patients. He employed techniques such as formal lectures -- with patients required to take notes -- art classes, and dance classes. A good deal of his work was related to the theory that patients could be supportive to one another. When Marsh worked with psychotic patients he was very active in his use of techniques....⁶

Marsh was the originator of the succinct statement that was later to become the credo of group therapy, "By the crowd they have been broken; by the crowd shall they be healed."⁷ It is the opinion of this author that, although Marsh may not be the father of the whole discipline of group therapy, he is at least one of the geniuses behind contemporary group therapy. Marsh refused to be bound by the practices of conventional psychotherapy. He borrowed freely from ideas contained in organized religion, service clubs, and progressive

⁶Hugh Mullan and Max Rosenbaum, Group Psychotherapy: Theory and Practice (New York: Free Press of Glencoe, 1962), p. 6.

⁷Corsini, op. cit., p. 14.

education. He often was able to attract as many as 500 state hospital patients to attend his meetings. He made use of testimonials from recovered patients. He held birthday parties for patients. He encouraged the appointment of patients to committees responsible for overseeing and helping other patients. Marsh was primarily concerned with treating patients on an interpersonal level. He stated that his activities were to be extrovertive in character and were not intended to be a form of depth psychotherapy.⁸ Among other far-reaching and prophetic goals of L. Cody Marsh were the introduction of printed explanatory material to be given to patients regarding the nature of mental illness, an organization of groups for recovered ex-patients (later to be developed by A. A. Low), the organization of hospital staff and volunteer personnel as group therapists, the including of relatives of patients in the overall treatment plan, and an attempt to involve the patient's total community in his rehabilitation.⁹

With few exceptions group psychotherapy placed its first roots in American soil. Prior to World War I, Jacob Moreno, an Austrian psychiatrist, did use group methods in Vienna to work with groups of children and prostitutes. However, Moreno has himself stated that group psychotherapy is primarily an "American product."¹⁰

⁸ Klapman, op. cit., p. 7.

⁹ Ibid., pp. 7, 8, 9, 10.

¹⁰ Max Rosenbaum and Milton Berger, Group Psychotherapy and Group Function (New York: Basic Books, 1963), p. 4.

II. THE DEVELOPMENT OF GROUP THERAPY BETWEEN WORLD WAR I AND WORLD WAR II

Alfred Adler is generally credited as the first European psychiatrist to use group methods systematically. Adler was able to combine his political philosophy of socialism with his desire to conduct intensive psychotherapy within the ranks of the working class.¹¹ Despite vigorous efforts by Moreno and Adler, group psychotherapy was unable to become firmly established in Europe. J. W. Klapman has observed:

In Europe, up until now /1946/, group psychotherapy has not reached the stage or organization that it has in the United States. Group therapists have worked independently, with little awareness of the work of colleagues. The advent of the totalitarian state choked off any further development in group psychotherapy, essentially a democratic process, incapable of flourishing in the atmosphere of Hitlerian Europe. Therefore, quite naturally, the locus of development in group therapy shifted almost exclusively to the United States.¹²

Immediately following World War I a growing number of group psychotherapists began publishing the results of experiments they had conducted. E. W. Lazell reported that he had successfully conducted a series of didactic lectures with schizophrenics.¹³ Louis Wender began attempting to conduct group therapy based on psychoanalytic concepts with borderline psychotics.¹⁴ The most significant advances in this era were made by Jacob L. Moreno (who had now moved to the United States), Tigran L. Burrow, Paul Schilder, and Samuel Slavson. In

¹¹Ibid., p. 5.

¹²Klapman, op. cit., p. 5.

¹³Mullan, op. cit., p. 6.

¹⁴Rosenbaum, op. cit., p. 5.

many ways Moreno, Burrow, Schilder and Slavson paradoxically moved group psychotherapy into a period in its development that might appropriately be referred to as its psychoanalytic phase. The paradox involved in the shift toward wider acceptance of psychoanalytic concepts in group therapy is that the four men listed above (with the possible exception of Schilder) considered themselves to be active dissenters from the orthodox Freudian psychoanalytic camp.

Although Freud was not a group therapy practitioner, his influence permeated the entire group therapy movement. In many cases analytic (Freudian) group psychotherapy seems to be little more than a wholesale transportation of Freudian psychotherapeutic concepts from patient-analyst relationships on an individual basis to patient-analyst relationship within a group.^{15, 16} Although Freud was never actively involved with any form of group psychotherapy, during the years following World War I to the present time, adherence to Freudian psychoanalytic concepts was considered by many to be the prime

¹⁵ Norman Locke, Group Psychoanalysis: Theory and Technique (New York: New York University Press, 1961), p. 19; and S. R. Slavson, A Textbook in Analytic Group Psychotherapy (New York: International Universities Press, 1964), p. 75.

¹⁶ It is the opinion of the author that the blurring of inherent differences between group therapy and individual therapy in classical Freudian group analysis can be traced back to Freud's statement that "The contrast between individual psychology and social or group psychology, which at first glance may seem to be full of significance, loses a great deal of its sharpness when it is examined more closely ...individual psychology...is at the same time social psychology as well." Sigmund Freud, Group Psychology and the Analysis of the Ego (New York: Bantam Books, 1965), p. 3.

criterion for evaluating group psychotherapy theory and practice.¹⁷

In 1921 Freud published Group Psychology and the Analysis of the Ego. In this work he attempted to integrate his clinical observations into a comprehensive description of the human mind.¹⁸ Freud's description of groups centered on various social groups from which he chose the Church and the army to be prime examples. It is interesting that he felt little need to elaborate on differences between natural groups (e.g., a family) and artificially-structured groups (e.g., an army or a therapy group) other than to state that artificial groups are groups which exert "a certain external force to keep them from disintegrating and to check alterations in their structure."¹⁹ Of course, he realized that people behave differently in groups than they do as individuals. It was to this difference in behavior that Freud addressed himself in an attempt to explain these differences on a basis of what he had discovered concerning individual psychology. He stated that "changes in the individual's reactions is what provides group psychology with its material."²⁰ He felt that when an individual was placed in a group, this new circumstance allowed him to throw off the repressions of his unconscious instinctual impulses.²¹ Closely following the work of Le Bon, Freud pointed to the suggestibility of persons in a group.²² He felt that even highly

¹⁷Dorothy Whitaker and Morton Lieberman, Psychotherapy through the Group Process (New York: Atherton Press, 1964), p. 6.

¹⁸Freud, op. cit., Introduction by Franz Alexander, p. viii.

¹⁹Ibid., p. 32.

²⁰Ibid., p. 7.

²¹Ibid., p. 9.

²²Ibid., pp. 11, 12.

sophisticated people become as easily influenced as children or "primitive people."²³ Freud saw groups as being able to make serious changes in an individual's moral conduct:

In order to make a correct judgment upon the morals of groups, one must take into consideration the fact that when individuals come together in a group all their individual inhibitions fall away and all the cruel, brutal and destructive instincts, which lie dormant in individuals as relics of a primitive epoch, are stirred up to find free gratification. But under the influence of suggestion groups are also capable of high achievements in the shape of abnegation, unselfishness, and devotion to an ideal. While with isolated individuals personal interest is almost the only motive force, with groups it is very rarely prominent. It is possible to speak of an individual having his moral standards raised by a group. Whereas the intellectual capacity of a group is always far below that of an individual, its ethical conduct may rise as high above his as it may sink deep below it.²⁴

Because Freud felt that a group caused individuals within its membership to have paralyzed critical faculties, he believed that this caused the group to rely strongly like "an obedient herd" on the critical faculty of its leader.²⁵ As we shall see later, this concept has important ramifications in the way analytic group therapy is conducted.

Freud sees the primary force behind group cohesion as being libido which he describes as "the energy, regarded as a quantitative magnitude (though not at present actually measurable), of those instincts which have to do with all that may be comprised under the word 'love.'"²⁶ It is because of the libidinal ties between the

²³ ibid., p. 13.

²⁴ ibid., pp. 14-15.

²⁵ ibid., p. 17.

²⁶ ibid., p. 29.

leader and the group that the group members can love one another.²⁷

In Freud's view, it is only this libidinal relationship that can control otherwise rampant narcissism (self love). He states:

Limitation of narcissism can, according to our theoretical views, only be produced by one factor, a libidinal tie with other people. Love for oneself knows only one barrier -- love for others, love for objects.²⁸

If a person is excluded from meaningful group associations, his neurotic tendencies (e.g., excess narcissism) will remain unchecked.

If he is left to himself, a neurotic is obliged to replace by his own symptom formations the great group formations from which he is excluded. He creates his own world of imagination for himself, his own religion, his own system of delusions, and thus recapitulates the institutions of humanity in a distorted way...²⁹

The influence of Freudian theory, as spelled out in Group Psychology and the Analysis of the Ego and other writings, on the practice of group psychotherapy now needs to be examined. However, in order to maintain historical continuity, it will be necessary to look briefly at the work of other scholars who at the same time as Freud (1920 to early 1930's) were publishing material that dealt directly with the practice of group psychotherapy. It will then be necessary to look briefly at the general structure of Freudian group analysis. Because Freudian group analysis has undergone continual change and development up to our present time, no effort will be made to force it arbitrarily into one historical period. In fact, it is accurate to say that Freudian analysis has largely dominated the group

²⁷ibid., pp. 33, 34.

²⁸ibid., p. 43.

²⁹ibid., pp. 95, 96.

therapy scene since World War I to our present period.

The Work of Jacob L. Moreno

Jacob L. Moreno, who in 1931 coined the term group psychotherapy, is primarily identified with a group therapy technique referred to as psychodrama. Psychodrama has been referred to as a science that uses dramatic methods to explore truth. In a psychodrama session the five tools that are used to explore truth and reality are a stage, a patient, a director, a staff of therapeutic aids or auxiliary egos, and an audience that is usually made up of fellow patients. It has been noted that the advantage of this type of staged group therapy session is that it

...gives the patient the opportunity to express himself freely, to be himself. He can enact a role, act out a past scene or a present problem. The director serves as the producer, therapist, and analyst. He must keep the actor in rapport with the audience, relate to the patient, and interpret. The auxiliary egos are extensions of the director, portraying the imagined or real persons in the patient's life drama. The audience is a sounding board of public opinion and may well see one of its own collective problems portrayed on the stage.³⁰

Moreno feels that psychodrama is truly depth therapy. With complete candor he states that psychodrama

...starts where [conventional] group psychotherapy ends, and extends it in order to make it more effective. The expressed aim of the therapy group is to function for its members as a miniature society to which they can adapt themselves more harmoniously than heretofore. If this aim is taken seriously, other methods beside conversation, interview or analysis have to be added in order that such an objective -- a catharsis of integration -- can be fulfilled. The need of going beyond the level of abreaction and discussion and structuring the inner and outer events becomes imperative. It

³⁰ Mullan, op. cit., p. 8.

is not enough if we react to private and collective ideologies of group sessions in a symbolic fashion; we must structure these abreactions and relate our feelings and thoughts to embodiment of these principles and to concrete personages.

Frequently, in the course of typical verbal interactional group sessions, one member of the group may experience a problem with such intensity that words alone are unsatisfactory. He has the urge to act-out the situation, to structure an episode; to act-out means to "live it," to structure it more thoroughly than life outside would permit....He moves into the center or in front of the group, so he can communicate with all. One or another member of the group may be equally involved in a counter-role, and steps upon the scene to co-act with him. This is the natural and spontaneous transformation of a simple group therapy session into a group psychodrama.³¹

The Work of Tigant L. Burrow

Tigant L. Burrow is increasingly being recognized by students of group therapy history as an original thinker who has had enormous influence in formulating the current shape of group therapy. Although Burrow knew and worked with Adolf Meyer, Sigmund Freud, and Carl Jung, his creative work with groups caused him to become estranged from the mainstream of psychoanalysis in his day. In 1933 he was dropped as a member of the American Psychoanalytic Association.

Burrow's interest in conducting group therapy (Burrow used the term group analysis) sprang from his displeasure with the psychoanalytic emphasis on the individual. He felt that an emphasis on an individual patient caused important social forces to be ignored. Rosenbaum and Berger have written:

³¹ J. L. Moreno, "Philosophy of the Third Psychiatric Revolution, with Special Emphasis on Group Psychotherapy and Psychodrama," in Frieda Fromm-Reichmann and J. L. Moreno (eds.), Progress in Psychotherapy (New York: Grune and Stratton, 1956), p. 37.

He believed that behavioral disorders should be traced back to social relatedness and that such therapy could best be carried out in the group setting. Burrow believed that in a therapeutic group, the emotionally troubled person would find his distorted self-image clarified as he observed others and their reaction to him.³²

Burrow became increasingly interested in the study of group dynamics. This interest caused him to change the description of the work he performed with groups from group analysis to phyloanalysis. Burrow, although considered a maverick in his own day, is credited with having greatly influenced the development of both individual and group therapy through the work of D. H. Lawrence, E. Fromm, K. Horney, and H. S. Sullivan.³³

The Work of Paul Schilder

Schilder's pioneer work with group psychotherapy is unique because he was one of the first psychoanalysts to apply directly (and record) the psychoanalytic interview method to group therapy. Because of his strict adherence to psychoanalytic theory, Schilder worked with very small groups (four to five patients) in which free association was the therapeutic method. In Schilder's groups he was careful not to introduce any material on his own but rather exclusively dealt with material that patients brought forward in the group.³⁴ Schilder felt that an emotionally troubled person could be greatly aided if he

³² Rosenbaum, op. cit., p. 6.

³³ Ibid.

³⁴ S. R. Slavson, Analytic Group Psychotherapy (New York: Columbia University Press, 1951), p. 7.

were helped to uncover and discuss the following basic attitudes.

- (a) The need to love and be loved.
- (b) The tendency to maintain one's own support.
- (c) The tendency to maintain the integrity of the body (reactions to sudden noises, impressions).
- (d) The tendency to eat, drink, acquire property, retain.
- (e) The tendency to expel what cannot be used or what is threatening.
- (f) The tendency to handle and destroy objects and human beings and to get insight into their structure.³⁵

The Work of S. R. Slavson

S. R. Slavson began making significant contributions to the development of group therapy in the 1930's. His work has continued with groups until our present era. Slavson's concepts have been seen as a blend of psychoanalysis, group work, and progressive education.³⁶ Slavson, who at first confined his work with children, developed what he referred to as activity therapy. He believed that activity therapy was required because children have weak ego organization, narcissistic character, self-indulgence, feelings of omnipotence, surface unconscious, and fluid identifications.³⁷ Slavson points out that, because a child is still involved in the developmental process,

³⁵Paul Schilder, "The Analysis of Ideologies as a Psychotherapeutic Method, Especially in Group Treatment," American Journal of Psychiatry (November 1936).

³⁶Mullan, op. cit., p. 12.

³⁷S. R. Slavson, Child Psychotherapy (New York: Columbia University Press, 1952), p. 143.

he is forced to function on "primitive levels" that elevate physical activity to a place of fundamental importance. Physical activity for a child is the most significant source of mental health.³⁸ Slavson states that

Play therapy has been devised for young children because of the inadequacy of language as a medium of expression. When the child is supplied with appropriate materials, he conveys symbolically his phantasies and preoccupations...

Activity group therapy has also demonstrated that such materials and occupations and free play in a group setting can serve not only as a means of communication but also as self-regulation and that the effect is fundamental change in personality structure.³⁹

Although Slavson does not limit group therapy techniques to classical Freudian methods (free association, etc.), he nevertheless takes a conservative point of view concerning the group dynamics that are operative in group therapy. It is his opinion that group therapists need to concentrate primarily on the individual within the therapy group rather than on group process.

Each patient must remain a detached entity in whom intrapsychic changes must occur. He cannot give up his autonomous identity, but must remain at all times detached and work on his own problems. This changes the concept of the group as commonly understood. In fact a more correct characterization would be "compresence of patients" rather than a group of patients...Patients talk about their problems and those of the others, as individuals. There never is a group problem or a group project or a group aim.

The therapist as well must keep in mind and seek to understand the latent content of what is being said by each patient rather than focus attention or try to understand the group process.⁴⁰

Slavson is unwilling to make use of the group dynamic processes contained in non-therapy groups for therapeutic purposes within a group

³⁸ Ibid., p. 144.

³⁹ Ibid., p. 145.

⁴⁰ Slavson, Analytic Group Psychotherapy, p. 10.

therapy setting because he feels that one of the essential elements of a therapy group is that a patient in such a group is not restricted ("social fixity") as he is in a non-therapy group.

Many patients are unable to make an adjustment to an ordinary group of persons, either organized or unorganized, because it is one of social fixity. In such a group, the individual must adjust to a predetermined pattern, where demands are made upon him, and where he must needs meet these demands in order to be accepted. The effort to do this, and the ensuing restraints and modifications in personality may cause him to withdraw from fixed groups. A therapy group is one of social mobility in which he is able to fit because he is permitted to act out freely, to discharge his feelings and to display his attitudes; nor is he expected to modify his actions or language.⁴¹

As I have already pointed out, the contribution of S. R. Slavson to the development of group therapy paradoxically contains both creative trailblazing and conservative psychoanalytic concepts. While he was willing to venture boldly into new areas such as activity therapy, he nonetheless was strongly opposed to including non-analytic groups under the heading of group psychotherapy.⁴²

Because of the overshadowing influence of Freudian analysis on all of post-World War I group therapy, we will now examine briefly the fundamental structures of Analytic (Freudian) Group Psychotherapy. Although Analytic Group Therapy is currently a widely respected form of group psychotherapy, it is presented at this stage in the historical development of group psychotherapy in order that recent

⁴¹S. R. Slavson, "General Principles and Dynamics," in his The Practice of Group Therapy (New York: International Universities Press, 1947), pp. 26-27.

⁴²Slavson, "General Principles...", pp. 29-31.

reactions to it (Post World War II) may properly be seen as attempts to modify or negate the already firmly-established practice of Analytic Group Psychotherapy.

Structure and Principles of Analytic Group Psychotherapy

A pioneer in Analytic Group Therapy has said that the entire endeavor

is based on the assumption that the application of some of the hypotheses and methods of psychoanalysis in combination with intellectualization, when applied to a group for the purpose of treatment under conditions of active therapeutic contract, will lead to the release of certain emotional conflicts and a partial reorganization of the personality and ultimately to an increased capacity for social amalgamation.⁴³

Analytic group psychotherapy makes use of three major methods to help the patient; namely, by giving him support, by helping him to control himself, and by helping him to be able to analyze his problems.⁴⁴ The last method is, of course, the primary concern of any analytic therapy. Norman Locke, in a remarkably concise description of analytic psychotherapy, says that it

Emphasizes the uncovering, exploration, and interpretation of the patient's conflict. This approach brings into the open two basic characteristics of the emotional problem -- the resistance of the patient to changing his way of living, and the related manner of reliving, repeating, and redoing today those acts or attitudes that belong to yesterday's way of life. This means that the therapist can either look at the behavior of today as the most significant material for analysis, or he can go back into the past to discover the point where the conflict originated. In either

⁴³Louis Wender, "The Dynamics of Group Psychotherapy and its Application," Journal of Nervous and Mental Diseases, LXXXIV, (July 1936).

⁴⁴Locke, op. cit., p. 4.

case, the patient is asked to voice his thoughts freely, to speak of his dreams and fantasies, his feelings and attitudes. The therapist's role is to understand what the patient is expressing underneath his words, how the patient is distorting the present, and to interpret his observations to the patient.⁴⁵

He goes on to state that the psychoanalytic method is superior to supportive or control therapy methods because:

It is a method that cuts under the surface appearance of a problem, getting to the underlying psychodynamics, the purpose, and motive. This is an approach to the conflict itself, not a device to enable a patient to live with his conflict or to push it deeper into the psychological system. It gives insight into the origin and meaning of behavior, and it gives the patient an opportunity to reorganize his behavior.

In the group setting, support and control methods make the therapist a very active part of the patient-group-therapist transaction. At the same time, the participating group members serve either as a chorus to the therapist or as alternate therapists. The psychoanalytic method utilizes the emotional interaction of the group participants, who are the focal point of attention. The therapist listens and comments at appropriate times -- he does not direct the group.⁴⁶

S. R. Slavson chooses to present the main dynamics of group psychotherapy "as in all psychotherapy...(1) transference relationship, (2) catharsis, (3) insight and/or ego strengthening, and (4) reality testing."⁴⁷

Transference Relationships. In group therapy, transference relationships can be classified in the following way:

Libidinal transference (for feelings derived from and related to parents), sibling transference (for feelings emanating from relationships with siblings), and identification transference (where the patient identifies with the therapist and other members of the

⁴⁵Ibid., pp. 5-6.

⁴⁶Ibid., p. 6.

⁴⁷Slavson, "General Principles...", p. 36.

group and desires to emulate and be like them -- they serve as ego-ideals and models of identification). The element of identification is present in all transference attitudes...⁴⁸

In group psychoanalysis there is an intense and diffuse multiple transference. In individual analysis a patient is most likely to project on his analyst feelings that deal with his relationship with his parents or his siblings. However, in group therapy the analyst is not as likely to be the recipient of all of the patients' projections. Alexander Wolf says in regard to transference within a therapy group:

The central or thematic transference reaction, most generally elicited, appears as a reproduction of a relationship to a more significant parent with whom the patient was more ambivalently and affectively bound. Lesser peripheral or penumbral transferences, appearing with more subtlety and often altogether neglected in individual analysis, reproduce conflictful but less painfully traumatic relationships to the less significant parent and siblings. The multiplicity of ways in which a patient dresses up the other members accurately reanimates the old family, disclosing in the action both his history and the richly divergent facets of his personality.

In individual analysis it is often difficult for patient and physician to follow the projection onto the therapist of the roles played by a number of significant members of the family. The group provides all the familial actors and possibilities. Not only the number of patients but also the presence of men and women expose and more rapidly precipitate aspects of transference relationships to both male and female parental and sibling surrogates. The presence of patients of both sexes facilitates the appearance and resolution of early conflicting unconscious trends formerly elicited by father, mother, sister, and brother. The group recreates the family unit in which the patient can more freely reanimate the impelling and denying emotional demands whose contradictions he was once unable to solve. As he gradually becomes able to dispose of compulsive investments and discerns group members in fact, they become the social bridge to the establishment of normal communal relations.⁴⁹

⁴⁸ Slavson, A Textbook..., p. 131.

⁴⁹ Alexander Wolf, "The Psychoanalysis of Groups," in Rosenbaum, op. cit., p. 302.

Catharsis. Catharsis is a general term that designates the process through which a patient seeks to communicate his problems and preoccupations. Through catharsis a patient attempts to dislodge disturbing feelings and ideas from the preconscious and unconscious parts of his psyche. "It involves splitting off, from the compact structure of the individual's psyche, hitherto integral feelings and thoughts, which, through creating tensions and stress, were still a part of the total psychic organization."⁵⁰

It is important to realize that although a patient is greatly distressed by disturbing feelings (repressed material that may manifest itself through symptoms), this repressed material is nonetheless firmly integrated into his psyche. Because the cathartic process threatens to upset the neurotic equilibrium of his psyche, the patient involuntarily rebels against the therapeutic attempt to remove his neurosis. This universal and nearly intransigent rebellion against the therapeutic progress constitutes what is known as resistance.⁵¹

Insight and/or Ego Strengthening. Although catharsis is an important process, it is seen by group therapists as being able to give a patient only temporary relief. Group analysts see emotional maturity as being achieved primarily through insight. Patients need to understand and accept emotionally their mechanisms for avoiding

⁵⁰Slavson, A Textbook..., p. 142. ⁵¹Ibid.

anxiety before personality changes can be affected.⁵² These personality changes are produced not through mere intellectual knowledge but through emotional experience in transference.⁵³ Slavson suggests that in groups

limited levels of [intellectual] insight are attained, but this in no way diminishes its importance. One of the difficulties in groups is that members become ready to gain from interpretation at different times, a fact the therapist must always keep in mind.⁵⁴

However, it is important to realize that even in a strictly analytic group patients are not expected to derive all of their insight from their relationship with the therapist.

Patients induce insight in each other partly because the group provides a realistic background against which the individual's activity and views are mirrored. In this setting they can be viewed more objectively than in any other emotionally charged group such as a family. The presentation of common problems and the spontaneous interpretations of each other's motives help each member to understand himself and his fellow patients. The fact that problems and preoccupations prove to be universal eliminates or at least reduces the anxiety and concomitant guilt that ordinarily strengthen the ego defenses and resistance.⁵⁵

Reality Testing. Persons in Analytic Group Psychotherapy presumably distort reality because of neurotic defense mechanisms. In order for a patient to gain insight into how he distorts reality, his actions in a reality situation need to be analyzed. Foulkes believes that a patient's relationship with reality can be analyzed through observing:

⁵²Slavson, Analytic Group Psychotherapy, p. 50.

⁵³Ibid., p. 55.

⁵⁴Ibid., p. 50.

⁵⁵Ibid.

(1) The individual's reactions to present stimuli and their meaning for his present life-situation (present reality).

(2) The individual's actions and reactions to other people present, other members of the group as well as the Conductor, and the meaning of these reactions in terms of his past experiences (past history, internalised history).

(3) The individual's attitude towards his own self, particularly in its unconscious aspect (instinctive impulses and reactions against them, defence mechanisms) and towards his own body....

(4) The individual's personal equipment, gifts, intelligence skills, etc., which determine his powers of working things out for himself, or constructively using liberated energies, and set a limit to the value of a purely analytic approach in interpretation.⁵⁶

⁵⁶S. H. Foulkes, Introduction to Group-Analytic Psychotherapy (New York: Grune and Stratton, 1949), p. 135.

III. THE DEVELOPMENT OF GROUP THERAPY FROM WORLD WAR II TO THE PRESENT

Since World War II, the development in theory and practice of both psychoanalytically-oriented group therapy and non-analytic forms of group therapy has been greatly intensified. In recent years important creative approaches to handling emotional problems in groups have been developed by widely-divergent schools of thought. Some of the most important developments have come out of family therapy, group-centered therapy, and therapeutic procedures derived from the group dynamics movement. All of these approaches will be briefly examined at this point in the study. In the following chapter an eclectic school of therapy, which the author has referred to with the Mowrian title "The New Group Therapy," will be examined in much greater detail.

Family Therapy

In a remarkably concise description of the development of family therapy, Ivan Boszormenyi-Nagy and James L. Framo have commented

The thinking of family therapists progressed from seeing the illness in the patient, to seeing it in the relationship between the patient and mother, to realizing that father and "well" siblings were involved in the shared psychopathology and that the patient was not so much a victim but an agent who helped maintain the family pathology, to finally wondering whether the family, aside from being considered the noxious agent, contained the potential for possible change which could be capitalized upon. For many years therapists have had to rely on the reports of patients about families or on interviews of family members seen separately; it was only when families were observed interacting together that new and unexpected findings began to

emerge. Family therapy offered family members the opportunity to express warded off feelings which had heretofore been expressed indirectly or symbolically, often in hurting ways. The actual, physical presence of the family members within the therapeutic milieu in which co-therapists made explicit that which had been implicit, facilitated the emotional exchanges; the family members were all helped to say things to each other which they had never been able to say before.⁵⁷

Virginia Satir, along with other family therapists, insists on treating the family as a unit. The basic assumption behind this form of treatment is that in every family there resides what D. D. Jackson has referred to as "family homeostasis."⁵⁸ Mrs. Satir has found that the person who is labeled as the "identified patient" (usually a child in family therapy) is really playing out in a covert way a role that the family had assigned to him. The main source of pathology is seen as resulting from the marital disappointment of the parents of the "identified patient." In an effort to maintain their sense of worth, each parent of the "identified patient" tries to "extend" (express) himself through the child.

Trouble arises when each parent comes up against the other mate's wishes. The child finds himself caught between demands. Each parent now sees the child as a potential:

- a. Ally against the other mate.

⁵⁷Ivan Boszormenyi-Nagy, "Introduction," in Ivan Boszormenyi-Nagy and James L. Framo (eds.), Intensive Family Therapy (New York: Harper and Row, 1965), p. xvi.

⁵⁸D. D. Jackson, "The Question of Family Homeostasis," Psychiatric Quarterly Supplement, No. 31 (1957), 79-90.

b. Messenger through whom he can communicate with the other mate.

c. Pacifier of the other mate.⁵⁹

John Elderkin Bell insists that the current status of each person in the family is the result of the "family totality."⁶⁰ Because the family (and not merely a disturbed individual) is seen as an organism, "the symptom is thought of as the product of a disruption in family interaction, most usually a breakdown in intra-family communication, and not as the product of intra-psychic conflicts."⁶¹ When a family therapist is faced with a family unit that is suffering from a breakdown in communication, he attempts to release the family members from their inhibitions about expressing feelings, wishes, ideals, goals, and values. He also seeks to help the family develop new channels of interpersonal communication.⁶²

Group-Centered Therapy

Group-Centered Therapy is an adaptation of Rogerian Therapy to a group setting. As in Client-Centered Therapy, Group-Centered Therapy believes that each member needs to experience a feeling of

⁵⁹Virginia Satir, Conjoint Family Therapy (Palo Alto, Calif.: Science and Behavior Books, 1964), p. 29.

⁶⁰John Elderkin Bell, Family Group Therapy (Washington: Government Printing Office, 1961), p. 4.

⁶¹Ibid.

⁶²Ibid., p. 5.

acceptance before he can become able to deal constructively with his problems.

The genuine expression of such feeling of acceptance by the group therapist, it is contended, spreads contagiously through the group....It is a more potent experience, according to Rogerians, to be understood and accepted by several people who are honestly sharing their feelings in a joint enterprise than simply by a professionally understanding therapist.⁶³

In Group-Centered Therapy members are encouraged to both give and receive support and understanding. In this protective environment "The self is redefined in a context not unlike that which initially created the need to distort the perception of the self, and of the self in relation to others."⁶⁴

Group Therapy and Group Dynamics

Group Dynamics had its origin in the physical sciences. As physicists began to study submicroscopic units that defied established laws, psychology also became interested in field theory. Durkin has reported that the scientific breakthroughs of Maxwell, Huygens, Hertz and Einstein caused psychology to "change its perception as to what was considered real."⁶⁵ She goes on to report that

Just as the reality of the submicroscopic units of physics was confirmed, so was that of those larger, more complex social

⁶³Robert A. Harper, Psychoanalysis and Psychotherapy (Englewood Cliffs, N. J.: Prentice-Hall, 1959), p. 133.

⁶⁴Nicholas Hobbs, "Group-Centered Psychotherapy," in Carl Rogers, Client-Centered Therapy (Boston: Houghton Mifflin, 1951), p. 291.

⁶⁵Helen E. Durkin, The Group in Depth (New York: International Universities Press, 1964), pp. 8, 9.

systems called groups. It no longer mattered that their existence could only be demonstrated by their results.⁶⁶

Kurt Lewin, the founder of modern Group Dynamics writes:

It is today widely recognized that a group is more than, or, more exactly, different from, the sum of its members. It has its own structure, its own goals, and its own relation to other groups. The essence of a group is not the similarity or dissimilarity of its members, but their interdependence. A group can be characterized as a "dynamic whole"; this means that a change in the state of any subpart changes the state of any other subpart.⁶⁷

Gordon Allport, in commenting on Lewin and the Group Dynamics movement, has indicated that, though many psychologists are still reticent toward incorporating the total Lewinian system, they nonetheless have accepted such concepts as barrier, detour, level of aspiration, rigidity, satiation, group atmosphere, group decision, etc. as tools in research and clinical practice.⁶⁸

Group Therapists who use group dynamics principles in the practice of group therapy vary in their understanding of how groups can bring about therapeutic change within individuals. Foulkes believes that groups help individuals by bringing them once again into contact with healthy norms for behavior. He states that the basic law of group dynamics is that group members can reinforce each other's neurotic reactions. They can have this therapeutic effect because "collectively they constitute the very Norm, from which,

⁶⁶ Ibid., p. 9.

⁶⁷ Kurt Lewin, Resolving Social Conflicts (New York: Harper and Bros., 1948), p. 84.

⁶⁸ Gordon Allport, "Foreword," in Ibid., p. ix.

individually, they deviate."⁶⁹ A more common view of the therapeutic nature of groups holds that it is in group interaction processes (rather than merely in the existence of a group "Norm") that healing takes place. Whitaker and Lieberman state:

In a therapy group, group processes not only "exist," but are a major factor influencing the nature of each patient's therapeutic experience. The manner in which each patient contributes to, participates in, and is affected by the group processes determines to a considerable degree whether he will profit from his group therapy experience, be untouched by it, or be harmed by it. The therapist can influence the character and development of the group and thereby influence the individual's therapeutic experience. It is, therefore, important that the therapist have some understanding of the group processes and their meaning for the therapeutic process.⁷⁰

George Bach, in adapting field theory to group therapy, also sees group process and individual therapeutic growth as inseparable. He believes "that it is impossible for the individual to grow psychologically without a concomitant change in the group atmosphere to which he belongs."⁷¹ Because positive group processes are so crucial for individual therapeutic growth, Bach says that the therapist must be the "therapist of the group" who seeks to facilitate the growth of the group by helping it to pass from immature phases (processes) to "more mature states of therapeutically significant communication."⁷²

⁶⁹Foulkes, op. cit., p. 29.

⁷⁰Whitaker, op. cit., p. 3.

⁷¹George R. Bach, Intensive Group Psychotherapy (New York: Ronald Press, 1954), p. 268.

⁷²Ibid.; (Bach gives a full description of eight definable group phases, p. 269 ff., 1. Initial Situation Testing, 2. Leader dependence, 3. Familial regressive, 4. Associative compeering, 5. Fantasy and play, 6. In-group consciousness, 7. The work group.)

CHAPTER III

THE NEW GROUP THERAPY AND ITS PLACE IN THE CHURCH

The author has taken the chapter heading, "The New Group Therapy," from a book by O. Hobart Mowrer of the same title. In this chapter the term "The New Group Therapy" will be used as a synonym for counseling that is directive, open (confessional), confrontational, and contractual. A few years ago it was not unusual to hear therapy described as a permissive relationship between therapist and client in which the client was encouraged to "work through" his problems (intra-psyche) with little direction from the therapist except for an occasional interpretation or understanding grunt (although recently scholars have pointed out that in subtle ways all therapists, regardless of their orientation, seek to control the therapy situation and thus direct the patient).¹ Carl Rogers has said,

Effective counseling consists of a definitely structured, permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation.²

In a recent book, Howard J. Clinebell, Jr. presents what he refers to as a "revised model" for pastoral counseling. It is the author's opinion that Clinebell's "revised model" for pastoral counseling

¹Jay Haley, Strategies of Psychotherapy (New York: Grune and Stratton, 1963), cf. p. 15ff and p. 75.

²Carl R. Rogers, Counseling and Psychotherapy (Cambridge, Mass.: Houghton Mifflin, 1942), p. 18.

closely approximates recent important developments in the field of secular group psychotherapy. Clinebell sees the following points as being the structural skeleton of his "revised model."

- (1) using supportive rather than uncovering methods;
- (2) improving relationships (through couple, family, and group methods) rather than aiming at intrapsychic changes;
- (3) maximizing and utilizing one's positive personality resources in addition to reducing negative factors;
- (4) coping successfully with one's current situation and planning for the future rather than exploring the past extensively;
- (5) confronting the realities of one's situation, including the need to become more responsible, in addition to understanding feelings and attitudes;
- (6) making direct efforts to increase the constructiveness and creativity of behavior as well as feelings and attitudes;
- (7) dealing directly with the crucially important vertical dimension (the dimension of values and ultimate meanings) in relationships as well as the horizontal dimension of physical and psychological interaction.³

A successful practitioner of the "New Group Therapy" is the Claremont psychiatrist, Dr. Richard R. Parlour. It is his opinion that a directive and confrontational therapeutic approach by the therapist is much to be preferred to the older nondirective, client-centered or analytical approach to group therapy. He argues that, because of the predominance of characterological problems today, successful therapy will need to contain strong elements of structuring, resourceful use of coercion by the therapist, and establishment of

³Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), pp. 27-28.

contracts between the client, significant others, and the therapist.

Parlour feels that

Perhaps the most valid measure of insight and communication is responsible performance. It might be said that true insight is a product of responsible performance, not the reverse as is commonly believed. At least insight and responsibility are coincidental. Therefore, an emphasis on order, responsibility, and discipline is an essential factor in psychotherapy.⁴

Behind this radical departure from traditional group psychotherapy (and from conventional psychotherapy in general) lies the work of two creative contemporary psychotherapists, O. Hobart Mowrer and William Glasser, who have recently been asking serious questions about the basic presuppositions of all psychotherapy.

Mowrer and Glasser are well worth taking seriously. The author has found Glasser to be a refreshing corrective to passive and permissive forms of therapy. The author, like many others interested in pastoral counseling, has found Mowrer to be a gadfly that has disturbed and in some cases destroyed old, comfortable and orthodox conceptions of the nature of "mental illness" and how it may best be handled. Mowrer has the ability to needle and irritate one into struggling with his position. (Perhaps that is the essential difference between Mowrer and Glasser: one wishes to present a simple theory that works and the other wants to crusade against what he personally, theoretically, and clinically found to be an inadequate

⁴Richard R. Parlour, Phillip Z. Cole, Robert B. Van Vorst, "Rediscovered Dimensions of the Psychotherapist's Responsibility" (Paper prepared for staff of California Medical Facility, Vacaville, California, December 10, 1965), abstract page 0.

approach to dealing with problems in living.)

In order to evaluate their contribution to group therapy in the Church, a sympathetic look at the work of Glasser and Mowrer is certainly in order. It is the author's intention, first, to draw out some of the salient features of William Glasser's Reality Therapy and, second, to examine in the same way O. Hobart Mowrer's Integrity Therapy. After having examined the work of Glasser and Mowrer, I shall briefly consider their possible contribution to pastoral group counseling.

THE RELATIONSHIP OF WILLIAM GLASSER TO PASTORAL COUNSELING

In referring to Reality Therapy, Morris Herman has said that Dr. Glasser has divided the

patterns of the mind into three main categories: The person and his needs, the reality or world, and the ego (the mediator between the person and the world). Essentially, the author emphasizes the reactions of the ego, its problems, its vicissitudes, its weakness, its strength.⁵

It is Glasser's view that a healthy (normal) person is one who attains an adequate degree of happiness through behavior that achieves goals worthwhile to himself and to society.⁶ In short, a healthy person is one who fulfills his needs. The basic human needs that

⁵Morris Herman, "Introduction," in William Glasser, Mental Health or Mental Illness?: Psychiatry for Practical Action (New York: Harper and Row, 1960), p. xi.

⁶Glasser, ibid., cf. pp. 1-3.

psychiatry concerns itself with are "the need to love and to be loved and the need to feel that we are worthwhile to ourselves and to others. Helping patients fulfill these two needs is the basis of reality therapy."⁷ The healthy (normal) person fulfills his needs in the context of the society (with its mores) in which he finds himself. "He must understand and abide by the rules of this world [society] and learn how his needs can be satisfied in it. If he cannot do this, he is in trouble."⁸ Glasser is quick to point out that the values of society may be wrong in some instances. However, for the most part a person, in order to be considered normal (fulfilling his needs), is required to accept and obey the values of his group.⁹ It would

⁷William Glasser, Reality Therapy: A New Approach to Psychiatry (New York: Harper and Row, 1965), p. 9.

⁸Glasser, Mental Health..., p. 7.

⁹Glasser points out that in the instance of a double standard (sex crimes between the races in the South) a "normal" person may even support a value system that is obviously wrong. Although I haven't found it in the writing of Glasser as such, I believe it could logically follow that ideally the wrong values of society should not be held on to (sex crime standards between the races in the South) because in a larger sense they are depriving some other person of the ability to fulfill his needs. Cf. p. 7 and 8 of Mental Health or Mental Illness? Cf. Reality Therapy, pp. 14 and 15.

Glasser seems to be unaware of the struggle of the religious man who is constantly calling values that have a societal base into question. To the religious person who is struggling to bind together his whole existence, certain expressions of a mythological or poetical nature need to be made about the enduring reality of values. Bertocci says "having in all conscience done our best, we call to some agency beyond ourselves to save our values. It is when the conceived good is at stake, when our towers of value seem to totter, that we realize our lives and our values are without purpose if there is no aid beyond ourselves." Peter Anthony Bertocci, Introduction to the Philosophy

seem as though Glasser holds that there are really only two human options regarding the way a man sees his society. First, he can accept the rules and limits of his society. Second, he can try to change his world. Glasser has little to say about those who conscientiously seek to correct what they see to be the injustices of our social situation. Presumably, since these people are by definition "responsible" people who, even while protesting against the status quo, are fulfilling their needs, they cannot actually be considered abnormal (irresponsible). However, most people that seek to change their world (to suit their own whims) by ignoring rules and regulations do so not in the hope of establishing a commonwealth that would be ennobling to all mankind, but rather to fulfill their own immediate needs with irresponsible behavior (e.g., criminal and psychotic behavior).

It is Glasser's opinion that all persons living irresponsibly (except perhaps those with certain physical impairments, e.g., brain damage) can benefit from a Reality Therapy approach.

We have seen that patients, no matter what their psychiatric complaint, suffer from a universal defect: They are unable to

of Religion (Englewood Cliffs, N.J.: Prentice-Hall, 1951), pp. 24, 25.

In an even clearer statement of the vertical dimension (to use a mythological term) of the relationship of values to a religious man's existential existence, Bertocci says that the "essence or core of religion is the personal belief that one's most important values are sponsored by, or in harmony with, the enduring structure of the universe, whether they are sponsored by society or not." Ibid., p. 9.

fulfill their needs in a realistic way and have taken some less realistic way in their unsuccessful attempts to do so.¹⁰

Glasser sees therapy as a teaching or training process in which the therapist (teacher) moves into a person's life and attempts to teach the patient responsible ways of meeting his own needs. Glasser expects this therapy to proceed along a particular pattern.

Easy or difficult as its application may be in any particular case, the specialized learning situation which we call Reality Therapy is made up of three separate but intimately interwoven procedures. First, there is the involvement; the therapist must become so involved with the patient that the patient can begin to face reality and see how his behavior is unrealistic. Second, the therapist must reject the behavior which is unrealistic but still accept the patient and maintain his involvement with him. Last, and necessary in varying degrees depending upon the patient, the therapist must teach the patient better ways to fulfill his needs within the confines of reality.¹¹

Since the therapist stands for reality to the patient, he must be a very responsible person. Glasser says that the therapist must be

tough, interested, human, and sensitive. He must be able to fulfill his own needs and must be willing to discuss some of his own struggles so that the patient can see that acting responsibly is possible though sometimes difficult...willing to admit that, like the patient, he is far from perfect, the therapist must nevertheless show that a person can act responsibly even if it takes great effort.¹²

Glasser suggests that involvement like that portrayed by Thomas Moore in A Man for All Seasons and by Annie Sullivan in The Miracle Worker is what is required in a therapy situation.¹³ The patient will need to become involved with the therapist (the other side of the coin of

¹⁰Glasser, Reality Therapy, p. 20.

¹¹ibid., p. 21.

¹²ibid., p. 22.

¹³ibid., pp. 24, 26.

involvement) to the extent that he will become willing to try a new pattern of behavior, regardless of his conviction that it won't work.¹⁴ It is interesting to note the "evangelistic" fervor of Glasser as he becomes deeply involved with his irresponsible "patients." One is reminded of Christian evangelists like General Booth of the Salvation Army who said, "the first vital step in saving outcasts consists in making them feel that some decent human being cares enough for them to take an interest in the question whether they are to rise or sink."¹⁵

Glasser places great stress on dealing only with the patient's life. He avoids "psychiatric garbage" (patient's past history) because he knows that is a "mess" (needs were not fulfilled in a responsible way).¹⁶ Glasser also likes to ask the patient about his "plan" (for the future when he will fulfill his needs responsibly).¹⁷

First...that it is possible to maintain, as the therapist must, a responsible attitude toward most facets of life. Second, the patient develops an increased sense of self-worth in the process of parrying his convictions and values with a trusted, respected person...when values, standards, and responsibility are in the background, all discussion is relevant to therapy. Continually stressing responsibility is artificial.¹⁸

In Reality Therapy the patient is never excused for his irresponsible behavior. However, the patient's "strong points" are discussed in a

¹⁴Ibid., p. 28.

¹⁵William James, The Varieties of Religious Experience (New York: A Mentor Book, 1961), p. 167.

¹⁶Glasser, Reality Therapy, p. 37 (see italics).

¹⁷Ibid., p. 31.

¹⁸Ibid.

manner that encourages the patient to expand this worthwhile type of behavior.¹⁹

It is obvious that the differences between Reality Therapy and "conventional" therapy are considerable. Glasser lists these differences as:

(1) The concept of mental illness is not accepted -- patients are not allowed to relinquish responsibility for their behavior.

(2) Therapy deals with present material. (Therapy also makes plans for the future.)

(3) Therapist is not a "transference figure" but an involved teacher.

(4) Therapist does not deal with unconscious conflicts.

(5) The morality of behavior is emphasized.

(6) Patients are taught better ways to fulfill their needs.²⁰

Glasser feels that all of the above points of difference between his therapy and conventional therapy have to do with the way the therapist becomes involved with his patients.²¹

The work of William Glasser is most significant in these days of social breakdown and the spreading "epidemic" of character disorders. Glasser not only tells his patients that they must fulfill their needs in this world, but also helps them fulfill those needs. The author believes that one of the significant ways he does this is to become involved with his delinquent girls as a "good parent" (for Glasser this usually seems to be the father role). Through having

¹⁹ibid., pp. 31 and 32.

²⁰ibid., pp. 42-60.

²¹ibid., p. 45.

to grapple with a tough but deeply concerned substitute parent, the delinquents seem to be able to internalize that responsible, yet authentically human, part of him that they so desperately need.

THE RELATIONSHIP OF O. HOBART MOWRER
TO PASTORAL COUNSELING

O. Hobart Mowrer shares with William Glasser a rejection of the widely-accepted Freudian view of the origin of "mental illness," and an insistence on the close relationship between mental health and responsibility (living up to one's values and social commitments). However, Mowrer also has several emphases that Glasser either ignores or treats in a more casual manner. Mowrer is concerned with going beyond merely presenting a more successful clinical approach to the treatment of emotional disorders. He is vitally concerned not only that Freudian theory be abandoned (since, in his opinion, it has proven to be unsuccessful) but that it be replaced by a carefully worked out new understanding of the nature of psychopathology. As a highly-trained and respected scholar in the field of academic psychology, Mowrer has insisted that his theoretical innovations (hypotheses) be scientifically evaluated. As a constructive critic of the Church and as an amateur historian, he attempts to show how an alternative to the contemporary view of mental illness (and how to handle it) can be found in the early experience of the Christian Church. While the author is in basic agreement with what he sees to be Mowrer's emphasis in both of these areas (i.e., the Freudian model

of mental illness is inadequate and needs to be revised, and that the Church once again can become a vital center for helping to restore persons to emotional health), he is concerned that the Mowrian understanding of traditional Christian theology be refined so that current confusion (and antagonism) regarding the relationship of Mowrian theory and some of the traditional affirmations of the Church may be eliminated. Because of the tremendous impact that O. Hobart Mowrer has had on this author's development as a pastoral group therapist, his criticism of Freudian theory and the Church's departure from early therapeutic practices will now be examined.

Mowrer rejects the psychoanalytic view that anxiety and resulting mental illness is caused by moral interference (social and superego restrictions) with normal physiological processes.²² Mowrer says that "anxiety comes, not from acts which the individual would commit but dares not, but from acts which he has committed but wishes he had not. It /Integrity Therapy/ is in other words a 'guilt theory' of anxiety rather than an impulse theory."²³ Mowrer also disagrees with Freud's concept of anxiety arising as a result of repression that has been turned toward the id. It is Mowrer's belief that "anxiety arises from repression that has been turned toward the superego or conscience."²⁴

²²O. Hobart Mowrer, The Crisis in Psychiatry and Religion (New York: Van Nostrand, 1961), p. 8.

²³Ibid., p. 26.

²⁴Ibid. (cf. Mowrer's figure A.R. or A, p. 31)

In Mowrer's view psychoanalysis is wrong in insisting that neurotic patients are not really responsible for their behavior because of severe consciences. It is Mowrer's opinion

that the real problem is not that our standards are too high but that we fail or refuse to live up to them. If this is the situation, then the responsibility or "blame" comes squarely upon ourselves....Why in other words are we so weak and "evil"?²⁵

Mowrer holds that what really causes us to have emotional difficulties is not the life situations in which we are placed that are beyond our control but rather the life situations that we could have handled adequately but chose not to. "No child of God is hurt nearly as much by the forces which pound his life, physical abuse or insensitive parents or rape or social rejection, as he is by the wrong choices he makes."²⁶

The practical application of Mowrian theory is derived directly from Mowrer's corrected version of the Freudian model of psychopathology. The Freudian view of repression is that this intrapsychic process is the equivalent of earlier interpersonal events.²⁷ In psychodynamic terms

The parent apprehends the child gratifying tabooed impulses and punishes the child. The parent, being more powerful than the child, is thus able to inhibit disapproved behavior. But the process does not stop here. Since the child has in some measure

²⁵O. Hobart Mowrer, The New Group Therapy (New York: Van Nostrand, 1964), pp. 60-61.

²⁶Ibid., p. 83.

²⁷O. Hobart Mowrer, Psychotherapy Theory and Technique (New York: Ronald Press, 1953), p. 146.

identified with the parent, i.e., has incorporated ("introjected") many parental values into the superego, there is an internal repetition of this drama: the tabooed impulses appear in consciousness, are disapproved by the superego, and the ego (being poorly developed and inferior to the powerful superego) is compelled to reject these impulses and deny them further access to consciousness. Social intimidation is thus assumed to be the forerunner of psychic repression, which, in turn, sets the stage for subsequent neurotic developments.²⁸

Mowrer, as a student of learning theory, is impressed with the observation that neurotics are individuals who have learned how not to learn.²⁹ He cites a possibility other than the above Freudian hypothesis to explain the genesis of neurosis. When parents block behavior that they find objectionable in their children, this may have the effect of "teaching the child to be evasive and deceitful."³⁰ The child learns that in order to escape punishment for forbidden behavior he must hide his misbehavior from his parents. However, since children are commonly taught to be open and truthful with their parents, the process of covering up misbehavior causes a child to experience great guilt.³¹ A "guilty" child's conscience will drive him to accept one of the two following alternatives.

The child will either bring his suffering to an end by confessing and taking whatever chastisement may be in store for him, or he may further extend the strategy of duplicity and social isolation by an attempt to deceive the internal representative of parental authority. This takes the form either of rationalization or repression -- but repression that

²⁸O. Hobart Mowrer, Abnormal Reactions or Actions? (Dubuque, Iowa: Wm. C. Brown, 1966), p. 28.

²⁹Mowrer, Psychotherapy Theory..., p. 146.

³⁰Ibid.

³¹Ibid.

is turned toward the conscience, in the interest of preserving the possibility of continued impulse gratification, rather than toward the id, as Freudian theory would hold.³²

If a child (or any individual) pays the price of hiding his misbehavior through the dynamism of repression, this repression becomes a psychological malignancy that becomes far more serious than the problem (fear of punishment for discovered misbehavior) it was meant to solve.³³

...Neurosis seems to start as an attempt on the part of a person to control by means of rationalization or repression a limited source of psychological irritation or conflict, but the success of this strategy requires that it be constantly expanded in its scope, until a point is reached where the "solution" has itself become a "problem."³⁴

Mowrer feels that psychotherapy has been wrong in its emphasis on working with the emotions of the emotionally disturbed (and excluding the deviant behavior).

Now we are beginning to recognize that, given a knowledge of the neurotic individual's deviant life-style and his protective duplicity with respect to it, there is nothing in the least surprising or "abnormal" about his emotions. The real trouble, i.e., the neurotic's or psychotic's "craziness," has been at the level of his behavior, his actions, which have been abnormal in the sense of being away from and against the social and moral norms of his reference group. His psychological malady has been mysterious precisely because he has kept important aspects of his life carefully and successfully (?) concealed -- if not from a professional "therapist" at least from the significant others in his life; and that is what really matters.³⁵

The methodology of Integrity Therapy is clearly devised as an overt attack of what Mowrer has discovered to be the nature of

³²ibid., p. 147. ³³ibid., p. 148. ³⁴ibid.

³⁵Mowrer, Abnormal Reactions...?, p. 30.

psychopathology. The "basic supposition" of Integrity Therapy is

That the states known as "neurosis" and "functional psychosis" arise, not from repression of "instincts" (as Freud believed), but from the suppression, in the sense of denial, of the simple (but painful) behavioral truth about oneself, i.e., from moral failure which has been compounded by secrecy, alienations, and the inevitable tendency towards social withdrawal.³⁶

Mowrer believes that Integrity Therapy is part of a great contemporary "psychiatric revolution" led by persons from the disciplines of social psychiatry, community mental health, and group therapy, all who share "the underlying assumption that people get into difficulty because they have been deviant and dishonest, i.e., out of community."³⁷

The obvious treatment (and ultimate Integrity Therapy goal) for persons "out of community" is to restore them to community. Persons are restored to community "through improved communication with significant others, and commitment to a more responsible and mature style of life."³⁸

The methodology of Integrity Therapy hinges on the important theoretical and clinical discovery that both neurotics and sociopaths share the characteristic of being undersocialized. This discovery has allowed Integrity Therapy to become a logical treatment approach with

³⁶O. Hobart Mowrer, "Loss and Recovery of Community" to be published in G. M. Gazda (ed.), Theories and Methods of Group Psychotherapy and Counseling (Springfield, Ill.: C. J. Thomas), p. 1. (Mimeographed.)

³⁷O. Hobart Mowrer, "Mental Health Study Requires Historical Dimension," (Available from The Discoverer, University of Illinois, Urbana).

³⁸Ibid.

persons in these clinical categories. Instead of viewing neurotics and sociopaths as poles apart on a continuum scale of human personality, they are now seen to be relatively close to each other. In Integrity Therapy persons with sociopathic traits (except for those whose character development has been seriously deficient) may be included in a group with neurotics (and psychotics whose personality crisis hasn't advanced from an acute stage to chronicity).³⁹ This type of group selection is possible because we now have scientific studies which indicate that neurotics who characteristically reveal severe consciences are abnormal not in terms of their consciences but in terms of their undersocialization (not their oversocialization as Freud assumed).⁴⁰ Mowrer has noted that the most universal characteristic of neurotics is their tendency to withdraw from contact with other people.⁴¹ If Freud's assumption that neurotics are oversocialized were correct, neurotics could be expected to be "unusually well integrated socially." They "ought to be bound to other people and to community life in general in a very intimate and effective way. The empirical, 'clinical' facts are, of course, quite to the contrary."⁴²

³⁹Mowrer, "Loss and Recovery...", p. 4.

⁴⁰Mowrer's hypothesis concerning "undersocialized" neurotics has been substantiated by studies reported by Lester A. Kirkendall, C. H. S. Swenson, McCord and McCord, Zigler and Phillips, Peterson, Quay and Cameron, O'Daniel, O'Connor, Digman and Finney; in O. Hobart Mowrer's "New Evidence Concerning the Nature of Psychopathology" (Urbana: University of Illinois, 1966). (Mimeographed.)

⁴¹Mowrer, "New Evidence...", p. 1.

⁴²ibid., p. 2.

Mowrer's evaluation of this empirical data is that conscience (superego) is not a neurotic's enemy that needs to be weakened but rather is an ally that is desperately "trying to 'reach' him, save him, bring him back into community and restore him to fully human status and functioning."⁴³

As with William Glasser's Reality Therapy, Mowrer's Integrity Therapy strongly suggests that an emotionally healthy person is one who conforms to social pressure (either externally "significant others" or internally "superego"). The need to be responsible (conform to one's values and significant others' expectations), however, is not seen to be destructive of human freedom and creativity. Conformity in the Mowrian sense "has to do with whether or not one does or does not keep his solemn agreements, or cheats."⁴⁴ An individual has a good deal of latitude in deciding what (and to whom) commitments (interpersonal contracts) he is going to make. Therefore, we may say that while the content of conscience is open to change there is nonetheless an invariant quality to conscience, for once an individual has made a commitment "in good faith," he is required by conscience to honor it.⁴⁵

In Integrity Therapy the intention is to support conscience and to try to get the individual himself to recognize its true objectives, which are to motivate him to change in such a way as

⁴³ ibid., p. 3.

⁴⁴ ibid., p. 7.

⁴⁵ O. Hobart Mowrer, "Conscience and the Unconscious" (Presented at the annual meeting of the British Psychological Society, Swansea, April 1, 1966. To be published in Journal of Communication Disorders), pp. 11, 12. (Mimeographed.)

to be a fully acceptable, valued member of the community from which he draws his sustenance. If the individual does not wish to be thus restored to responsible commerce with his reference group or groups, he should announce this fact and relinquish the privileges which normally accompany membership therein. In short, the argument is that if a so-called neurotic individual can't or won't "get with it," as far as the community life about him is concerned, then he ought to get out -- or openly work for the reforms in the life of the group which he believes are indicated. Cheating on his social system can only destroy him, as a person, and weaken the system in which he is claiming membership privileges.⁴⁶

In the treatment of emotionally disturbed clients Integrity Therapy is interested primarily in having them "confess" their irresponsible ignoring (or omitting) of interpersonal commitments. Quite unlike the old medical model of treatment of "disease" where the patient was helped to feel better by having his guilt analyzed or tranquilized away, Mowrer suggests that the client's guilt needs to be taken seriously. He suggests that psychotherapy should replace its medical model with an educational (learning) model. If this is done, the client can be helped to see that morality has a "here-and-now logic."⁴⁷ Rather than adding to a person's problems by treating him as sick (allowing him the right to behave irresponsibly), he is to be aided to see how he is responsible for his difficulties so that he may be able to take constructive steps to correct his problems.⁴⁸ Integrity Therapy can be seen as a modified self-help approach. Mowrer feels that "the best therapist...is one who helps others to help themselves, instead of persuading them of their helplessness

⁴⁶ Ibid., p. 22.

⁴⁷ Ibid., pp. 14, 15.

⁴⁸ Ibid., p. 24.

and endless dependency upon professional assistance."⁴⁹

In Integrity Therapy a person is shown (and told) how he can help himself during the first interview he has with the therapist. Mowrer suggests that a client can begin "authenticating" himself in the initial interview (usually a private interview with the therapist) by leveling with the therapist.⁵⁰ The client is helped (taught) to level in the interview by observing how the therapist "models" (relates in an open authentic way) how he has faced his problems through confession, restitution, etc. Mowrer has referred to modeling as "the heart of Integrity Therapy." He says that

The most useful thing one person can do for another in this connection is to model the behavior which the "neurotic" individual himself needs to learn. And what is this behavior? It is the ability and willingness to submit oneself to the discipline of personal openness and consistency between one's commitment, or promises, and one's performance.⁵¹

After a client has been open (confessed) with the therapist, he is encouraged to "extend" his confession to significant others (spouse, parents, children, employer, etc.). This is necessary because a secret confession "is a contradiction in terms -- secrecy is what makes confession necessary."⁵² Mowrer suggests that a person can practice being honest in a therapy group that is set up for that purpose. In therapy groups Mowrer predicts that we (therapists

⁴⁹Mowrer, "Loss and Recovery...", p. 2.

⁵⁰Ibid., pp. 2, 3.

⁵¹Mowrer, "Conscience and the Unconscious," p. 30.

⁵²Mowrer, "Loss and Recovery...", p. 11.

and clients) will receive the following benefits:

One, we will find ourselves taking part with and being accepted as a member of a class of people who also are seeking to become more true to themselves through becoming more open with others. Two, we gain practice and confidence in letting down our secrecy walls in the small "world" of our group. Three, we discover that other quite "normal" looking and acting people have often been just as guilty as we have in their past and present misdeeds -- that they are becoming more able human beings by honestly admitting their faults and discussing their problems in trying to correct them. Four, we gain helpful moral support and often really useful suggestions that may aid us in our efforts to live a more responsible, honest life.⁵³

A therapy group is a laboratory where we can experiment at revealing and attempting to improve ourselves.⁵⁴ However, just being open is not enough; we need to have the experience of working to make up for the wrongs we have committed.⁵⁵

Confession is not enough! It is a beginning, an essential first step; but it is not the last one. Voluntary penance, restitution, and amendment of life are also necessary. And anyone who believes or is led to believe that confession alone will suffice is likely to undergo unconscious (i.e., conscience-inflicted, "involuntary") penance of one type or another.⁵⁶

It is important to realize that neurotics and psychotics characteristically punish themselves (make restitution) through painful symptoms. Mowrer has developed a systematic understanding of symptoms. A person who is living irresponsibly will develop type I symptoms (e.g., tension, depression, panic). He may attempt to

⁵³ O. Hobart Mowrer, "Integrity Therapy, What it is and How it Helps People" (available from the Dis-Coverer, University of Illinois, Urbana).

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ O. Hobart Mowrer, "How to Talk About Your Troubles" (Urbana, Ill.: Dis-Coverer, 1966), p. 11.

control these symptoms in one of two ways. First, he may try neurotic "home remedies" that Mowrer refers to as type II symptoms (e.g., withdrawal, intoxicants, suicide).⁵⁷ Second, and preferably, he may "act appropriately with respect to the 'little things' he can see are wrong in his life."⁵⁸ He can enlist the help of fellow therapy group members (including the therapist) to help him find out where he is not living up to his values and commitments.⁵⁹ After a client has made restitution, he is encouraged to continue to develop open and authentic ways of relating that will keep him out of further emotional difficulty.

A simplified summary of Integrity Therapy is contained in a wallet-sized card that clients are encouraged to carry with them for "ready reference and as an aid to others." It reads,

WHY I GOT INTO TROUBLE

My apparent difficulty (nervousness, depression, sleeplessness, etc.) was not my real trouble but only a sign of it.

My real trouble was irresponsible behavior (immorality, cheating, etc.) which I had hidden.

Conscience did not approve of my misbehavior and deception so made me uncomfortable and tried to get me to change.

My continued attempt to hide and escape the consequences of what I had done made me a closed person - alienated, miserable, "lost."

HOW I CAN GET OUT OF TROUBLE (AND STAY OUT)

⁵⁷Mowrer, "Conscience and the Unconscious," p. 17.

⁵⁸Ibid., p. 28.

⁵⁹Ibid., p. 29.

ADMIT MY GUILT TO MYSELF

Review, recall, recognize hidden misbehavior.

BLAME NO ONE BUT MYSELF

Not parents, husband, wife, etc.

CONFESS MY POOR BEHAVIOR

To the persons from whom I have hidden it.

ACT RESPONSIBLY NOW

By making restitution or doing whatever I can to set things straight.

BEGIN HELPING OTHER PERSONS

By communicating these principles and discussing their usefulness.

CONTINUE LIVING AN OPEN LIFE

Authentically and openly related to all men.⁶⁰

O. Hobart Mowrer is both a man with a mission and a man with a grudge. Students of theoretical persuasions differing from Mowrer's sometimes find it difficult to appreciate the brilliant mind that lies behind what often seems to be overly-"evangelical" zeal. Mowrer is not only anti-Freud, he is also anti-Church (as it now exists). He is especially harsh with ministers that "have adopted the practice of running along behind self-appointed secular leaders in the hope of picking up a few of their cast-off wisdoms."⁶¹

Mowrer, as a lay student of Church History and theology, is especially fond of placing our present mental health dilemma (slavish adherence to psychoanalysis) in its historical context. He believes that the bastions for fighting off the demons of mental illness first

⁶⁰"This is Integrity Therapy" (Card available from Integrity Therapy, Urbana, Illinois).

⁶¹Mowrer, The New Group Therapy, p. 15.

started to be eroded away when the Church moved out of "apostolic times" (i.e., the first four hundred years of Church existence). According to Mowrer, it was during the Fifth Century that the dastardly deed actually transpired which was to ruin the Church's chance of being therapeutic. At that time the Church began to "seal off" the confessional. With this event, sin and the required justification became essentially private. Mowrer states:

I conjecture that the integrity and vitality of the Church were thus weakened so seriously that the outcome, in the Sixteenth Century, was nothing less than the Protestant Rebellion or Reformation. And I further conjecture that the principal motivation for the 'sealing' of confession was economic...⁶²

Mowrer's description of the development of private confession is well documented, other scholars have described the same historic process.

William James, in discussing confession, comes to many of the same conclusions as Mowrer. However, for James confession is more oriented to an individual's relationship with God rather than Mowrer's concept of sin which always seems to be social (an individual's relationship with "significant others"). James says that confession is an

inward and moral stage of sentiment. It is part of the general system of purgation and cleansing which one feels one's self in need of, in order to be in right relations to one's deity. For him who confesses, shams are over and realities have begun; he has exteriorized his rottenness. If he has not actually got rid of it, he at least no longer smears it over with a hypocritical show of virtue -- he lives at least upon a basis of veracity.⁶³

⁶²ibid., p. 18.

⁶³James, op. cit., p. 351.

James, like Mowrer, is puzzled by the doctrine of confession in Protestant circles.

Reaction against popery is of course the historic explanation, for in popery confession went with penances and absolution, and other inadmissible practices. But on the side of the sinner himself it seems as if the need ought to have been too great to accept so summary a refusal of its satisfaction. One would think that in more men the shell of secrecy would have had to open, the pent-in abscess to burst and gain relief, even though the ear that heard the confession were unworthy.⁶⁴

Mowrer, although critical of the sealing off of the confessional by the Roman Church, is even more critical of the way Protestants handled the abuses that revolved around the confessional. He feels that the

Cure proposed by the Reformers was, in one respect, worse than the disease....Even the one "human intermediary" was eliminated, and the faithful were admonished to take their sins directly to God in prayer.../this/ left us with no fully satisfactory means of dealing with personal guilt.⁶⁵

Mowrer's main attack on the Church is directed against what he has learned to refer to as "cheap grace" (a term borrowed from Dietrich Bonhoeffer). Mowrer seems to see the main ingredient of cheap grace as being the assurance of forgiveness of sins without public confession and restoration. Mowrer states that cheap grace "has turned out to be worth, in terms of its saving power, about what we are asked to pay for it."⁶⁶

The author believes that Dr. Mowrer has misunderstood the way grace was understood by the early Christian Community. To the early

⁶⁴Ibid.

⁶⁵Mowrer, The New Group Therapy, p. 8.

⁶⁶Ibid., p. 17.

Church, grace was seen as an unmerited gift from God. What Mowrer has labeled as grace had more to do with group dynamics (i.e., treatment of deviant members) than with the theological concept of grace. While it is true that the early Church did place considerable group pressure on deviant members in order to maintain group cohesion, its major concern was with a sinner's reconciliation with God rather than with allowing the sinner to feel that he was once again a member in good standing within the Church community; however, once a sinner felt reconciled to God, it is no doubt accurate to assume, as Dr. Mowrer has assumed, that he also felt himself to be restored to the Church community.

The author believes it is unfortunate that Dr. Mowrer has chosen to equate what seems to be an effective therapeutic procedure (confession and restitution for real sins) with what the Christian Church has historically referred to as grace. Because man is a finite being, the love of God that he experiences is, from man's point of view, unmerited love. In the therapeutic relationships that form within small groups God's grace may indeed be present. However, it is only when the dimension of God's activity within the group is recognized as being a redemptive force that the term grace is really appropriate. In the early Church the membership was very much aware of the dimension of God's redemptive activity among them. But they saw this grace as resulting in salvation (reconciliation with God and man) rather than in the group therapy goal of mental health (reconciliation with man). In a secular therapy setting it cannot be

assumed that the membership has an explicit understanding of God's redemptive activity within the group. The author agrees that by discouraging openness the Church lost a therapeutic tool. However, at this point in history it appears to be an exaggeration to suggest that a return of openness (public confession, etc.) would necessarily be a return to a situation where what the Church has historically referred to as grace would really be present. It seems appropriate to suggest that what Dr. Mowrer refers to as grace could best be described as group concern. The only way that we can preserve the particular meaning of the word grace in pastoral counseling is to interpret clearly to persons who are undergoing a therapeutic experience that there is another dimension to this experience that includes God's reaching out to them, a dimension which also would justify our labeling it a redemptive experience. When therapy is interpreted in this light, then a counselee may become conscious that he has been reconciled both to his subgroup (significant others) and to God. Although a client or parishioner may become aware of God's grace within a therapy group in which the therapist deliberately interprets redemptive processes to be a symbol of the unmerited gift of God, it is in no way accurate to assume that when such interpretation is lacking the members of the group experience grace and redemption.

What Mowrer refers to as grace appears to be what theologians have labeled "works righteousness" (the belief that man can save himself by his own efforts). Because Mowrer's concept of Christianity

lacks anything approaching an orthodox Christology, he is forced to see Protestant Christianity as being a villain for preaching that, although man is responsible for his sins, he can do nothing about gaining salvation and therefore is driven to despair. This is indeed a harsh doctrine. However, in the theological realm Mowrer fails to realize that even Orthodox Christianity teaches that, depraved man has a certain sphere of freedom, though his use of this freedom can never result in his salvation. In this limited sphere man is still free to choose within limits how he will relate to other men (e.g., if they want to, they can confess their faults to one another and to God). But, he is not free to choose how God will relate to him, for God is a sovereign God, and as such is a giver of unmerited grace to men. The grace that Orthodox Christianity talks about coming from God to man has to do with allowing man to become a new creation, a new Adam in the way Christ was a new Adam (it is in no way accurate to claim this classical understanding of grace as having to do primarily with emotional health -- Cf. 1 Cor. 15:45-50 and Romans 5:13).⁶⁷

⁶⁷In a discussion of the theological problem raised above (freedom and responsibility for sin), Rudolf Bultmann (Theology of the New Testament / New York: Charles Scribner's Sons, 1951, 7, 1, 253) says "In Romans 5:13f it is perhaps possible to discover a differentiation between sin for which man is responsible and sin for which he is not responsible...at the base of the idea of inherited sin lies the experience that every man is born into a humanity that is and always has been guided by a false striving. The so-derived understanding of experience applies as a matter of course to every man; and every man brings himself implicitly under it by his own concrete 'transgressions,' thereby becoming jointly responsible for it." Karl Barth also speaks for a realm of freedom in this regard. "He God does not will that man should sin. He does not cause or compel him to do so...man could not be a free or reasonable creature...(nor could he receive grace)..."

It is true that the Christian Community can be therapeutically helpful to sinners (alienated persons). However, this does not negate (nor cheapen) the gift of God's grace as it is understood in theological terms. Indeed, it may be said that the Church can, by the quality of its response to God's grace, act as a witness of that grace to others. The Church therefore is not in the business of setting the rules and the price of grace; it rather exists to share with others the knowledge of what it has already received. While the Christian community may interpret the presence of God's grace to alienated men, it can in no way pretend that it is the originator of that grace. By proclaiming salvation by faith as the unmerited gift of God, the Church protects itself from a tragic idolatry.

It is the author's opinion that a special task of Pastoral Counselors is to interpret and thus make explicit the grace of God. O. Hobart Mowrer has called to our attention the therapeutic importance of interpersonal openness; it is now the task of pastoral counselors to speak courageously of the importance of being open to the unmerited love of God. Although we are unable to earn God's love, an explicit awareness that we are the potential recipients of his grace is joyful news which adds a cosmic dimension to the ordering of our imperfect lives. We are the sons of God and through his love we can be reconciled both to Him and to our neighbor.

if he were not a creature which can and does sin." --Karl Barth
Church Dogmatics (New York: Charles Scribner's Sons, 1936), III: 3,
316-317.

Integrity Therapy, though correctly realizing the importance of responsible behavior, at times appears to run the risk of approaching Neo-moralism.⁶⁸ In some descriptions of Integrity Therapy, as in ancient Judaism, the keeping of the Law seems to be prescribed as the sine qua non of existence. This negative understanding of the goal of human life neither takes the ultimate consequences of man's sin seriously nor God's "yes" (unmerited grace) to man, despite his desperate condition. In criticizing Protestant theology, Mowrer has few hostile words for its legalism that has often become little more than moralism. It is the author's opinion that American Protestantism (especially of the Fundamentalist stripe) has historically portrayed much more legalism (moralism) than it has "cheap grace." In fact, many of us who have from time to time experienced an acute need for grace (love and acceptance in spite of our sin) have found the Church not to have a surplus of that quality on hand. Professor John W. Drakeford, an Integrity Therapy practitioner, seems to feel that neurotic guilt is non-existent.⁶⁹ He suggests that a certain patient (Mrs. Wilson) suffering from scrupulosity is really just covering up her real guilt; and that a "critical look at her real life will probably show there is something really big about which Mrs. Wilson

⁶⁸Clinebell, Basic Types..., pp. 241-242.

⁶⁹Mowrer, "Conscience and the Unconscious," pp. 10, 11. Mowrer's more temperate position on the possibility of allowing for some neurotic guilt is contained in his suggestion that a "weak form" of his hypothesis would allow for "X-percentage of cases" to follow the Freudian model for neurosis.

(the patient) is guilty."⁷⁰ Drakeford seems to feel that "guilty" people deserve to suffer ("stew in their own juice").⁷¹ He is afraid that by pulling down the "pillars of guilt [we] may be unwittingly demolishing the whole structure of religious experience."⁷² If the temple of "religious experience" is held together by nothing more than "pillars of guilt," I'm not sure we are called to preserve it.

In this same vein Drakeford is critical of such things as smoking during therapy (it's a "paliative" and tends to salve "the finer sensitivities") and counseling patients of the opposite sex in a one to one relationship ("another secret [sin] may creep in and complicate both their lives"). The above sentence may not reveal moralism, but it does at least show "fearful rigidity" that causes one to wonder just how much freedom and spontaneity can be expected to exist in such a setting.

One gets the impression from reading Mowrer that his God is a God of justice. This understanding of God is, of course, within our Judeo-Christian Heritage. The concept of the justice of God is only meaningful in the context of human experience (i.e., how it is perceived by men in the midst of their lives). However, it is important to note that while God's justice is involved with culture (interpersonal relations), it is at the same time above the dictates

⁷⁰ John W. Drakeford, Integrity Therapy: A New Direction in Psychiatry (Fort Worth: Southwest Baptist Seminary, 1965), p. 48.

⁷¹ ibid.

⁷² ibid., pp. 50-51.

of culture.⁷³ I think one of the reasons Mowrer (and his disciples) seems so anxious to accept cultural norms as sin is that, lacking an appreciation for the traditional Protestant understanding of grace, they have been forced to assume that man is alone in his attempt to overcome evil. H. R. Niebuhr has pointed to this phenomenon.

...we want to be the forgivers of sins, the lovers of men, new incarnations of Christ, saviors rather than saved; secure in our own possession of the true religion, rather than dependent on a Lord who possesses us, chooses us, forgives us. If we do not try to have God under our control, than at least we try to give ourselves the assurance that we are on His side facing the rest of the world; not with that world facing Him in infinite dependence, with no security save in Him.⁷⁴

Not only does Mowrer seem to have an inadequate understanding of the grace of God, but also he fails to come to a sympathetic understanding of the love of God. It is precisely because man is a sinner (neurotic, anxious, irresponsible) that the love of God is absolutely essential for our salvation. In a real sense God (and those who are the human channels of his grace) is called upon to do for men what they cannot do for themselves. It is the role of the Christian pastor (and of concerned Christian laymen) not just to force a man to face up to his sin (confession), but also to love, nurture, accept, and strengthen him so that he can find hope and meaning in his existence. It is the author's belief that confession and confrontation, along with acceptance and nurture, can be most meaningful within

⁷³I believe this can be documented in the writing of Deutero-Isaiah and the Eighth Century prophets, Amos and Hosea.

⁷⁴H. R. Niebuhr, Christ and Culture (New York: Harper and Row, 1951), p. 155.

the Christian community. Mowrer has taken great steps toward reminding us of an ancient procedure for restoring persons to Christian community (one that the Church had all but forgotten). It now remains for others to add to the Mowrer model of community deeper dimensions of Christian faith that will make this community not only "truly open" but also "truly Christian." If this can be done, we have found a constructive friend and critic in the person of Professor O. Hobart Mowrer.

Up to this point in examining the "New Group Therapy" we have given special attention to its confrontational and open (confessional) aspects as found in the writings of Glasser and Mowrer. Directive procedures and contractual agreements also have been discussed indirectly. In helping clients to deal constructively with present reality, Glasser (and Reality Therapy groups) functions as a teacher who realistically directs and examines their behavior. In encouraging clients to reveal their "secrets" to their therapist, therapy group, and significant others, Mowrer (and Integrity Therapy groups) also uses directive procedures to help a client make restitution for past wrongs and to conduct his life in a manner that is authentic and free from secrets. In both Reality Therapy and Integrity Therapy persons are asked to commit themselves wholeheartedly to a program aimed at correcting past irresponsibility ("sinfulness"). In most cases these commitments are made informally within a group therapy setting. However, recently therapists of the New Group Therapy school of thought have begun to help clients concretize their planned movement

toward responsibility by encouraging them to make specific contractual agreements with the therapist, the therapy group, community agencies, and significant others.⁷⁵ Richard R. Parlour has reported:

An important part of the treatment process is further elaboration and modification of the therapeutic contract by mutual consent of the parties involved. Once again, we find that dealing with the therapeutic transaction in this businesslike way speeds the therapeutic process and makes the interactions more responsible, valid and meaningful. With clear guidelines such as these, it is possible to avoid getting lost in conversations that are irrelevant and immaterial. It is also possible to avoid the development of transference and countertransference phenomena beyond the point of reconstructive productivity. Grossly irresponsible and irrelevant fantasizing on the part of the patient and the therapist is minimized. Patient and therapist can more effectively confront each other with reality.⁷⁶

Clinical examples of New Group Therapy's open, directive, confrontational, and contractual characteristics will be noted in the following report on three experimental groups conducted by the author. In the chapter following this report attention will be given to evaluating New Group Therapy procedures as an appropriate approach for pastoral group therapy.

⁷⁵Richard R. Parlour, Robert B. Van Vorst, Phillip Z. Cole, "Structuring the Psychotherapy" (to be published in O. Hobart Mowrer /ed.7, Morality and Mental Health) paper prepared August 3, 1964, p. 13.

⁷⁶ibid., pp. 13, 14.

CHAPTER IV
CLINICAL REPORT ON
THREE PASTORAL COUNSELING GROUPS

I. COUNSELING GROUP A

Background Material on Counseling Group A

The group that is referred to as Counseling Group A was called together by a question raised by the Claremont Pastoral Counseling Center's director, Dr. Frank W. Kimper, and the author regarding the feasibility of combining group treatment with individual therapy for some of the Center's clients. Because the author was extremely interested in this field of endeavor, he volunteered to serve as therapist for such a group. The author stated that he believed that Mr. and Mrs. A, Mr. and Mrs. G, and Mrs. E (patients that he had seen privately for individual and couple marriage counseling) would profit from the proposed group experience.

The Reverend Mr. R, another member of the counseling staff, expressed his interest in the program and asked to be included in the project as co-therapist. He indicated that his client, Mrs. K, should be included in the group.

The therapists agreed that they would employ within the group therapeutic procedures taken from traditional analytic group psychotherapy and group-centered therapy. It was the therapists' intention to be nondirective and to practice leadership by default.

The therapists decided that the group would be a closed,

limited time group. No new clients were to be admitted to the group after its first meeting. The group was to meet for a total of ten two-hour sessions at the counseling center on successive Thursday evenings from 8 p.m. to 10 p.m. Reverend R and the author decided that they would alternate as lead-therapist and as observer-recorder for the group. They felt that it would be profitable for the observer to share many of his observations with the group during the closing moments of the session. The observer and the therapist (for the session) also were to meet together after the group had left the therapy room in order that the therapist could profit from the observer's candid observations of his performance.

In the first session the therapists attempted to accomplish two goals. First, to make explicit certain rules of group therapy. And second, to encourage each client to present himself and his problems to the group in a way that would enable the group to understand the problem and to "get to know" the person who had presented it. The rules of therapy were that pertinent material that took place outside of the group was not to be withheld from the group. (However, this rule was not enforced.) It was also agreed upon that personal material discussed in the group would not be repeated outside of the group. Any gossip would result in the immediate dismissal from the group of the tale-bearer.

In reporting on what happened in Group A, the author is attempting to be as attune as possible to the human (existential) content of the group in a way that will show his personal involvement

with the group. However, at the same time he shall attempt at various points to step back and give the most objective observations of which he is capable. As many researchers in the various areas of counseling have pointed out, while scientific accuracy is always to be striven for, in clinical research it is nearly impossible to achieve.

Florence B. Powdermaker and Jerome D. Frank have noted that "The systematic study of psychotherapy involves many knotty problems. In fact, it may be that some crucial aspects of psychotherapy -- whether group or individual -- cannot be communicated in objectively verifiable terms."¹

Group A's Therapeutic Experience:

Among the many difficulties involved in the study of groups are the impossibility of accurately repeating experiments and the problems involved in keeping a record of the group process and of the progress of individual members of the group. In order to describe the therapy of individuals within a group context, a brief description of the problems and treatment of individual members in Counseling Group A is in order. In a further effort to center down on the living human material contained in this study, two cases studied will be presented. The effect of the group experience on these two persons and on the other members of Group A will be briefly examined. An evaluation of the type of counseling procedures employed with Group A

¹Florence B. Powdermaker and Jerome D. Frank, Group Psychotherapy: Studies in Methodology of Research and Therapy (Cambridge, Mass.: Commonwealth Fund, 1953), p. 7.

will be contained in Chapter V. A comparison of Group A with Group B and Group C will also be included in Chapter V.

Case Study: Mrs. A. Complaints and Duration: Mrs. A's complaints tended to be of a rather general nature. She was concerned about her marriage and her worthwhileness as a person. The precipitating crisis that brought Mrs. A into counseling was her daughter's pregnancy out of wedlock. Mrs. A has had a vague uneasiness about her relationship with her husband (and other significant people) for many years. However, she has only recently been acutely disturbed about these matters.

Detailed Description of Complaints: Mrs. A is a neurotic, passive-aggressive type person. She has allowed herself to be manipulated by her family and her husband in almost every conceivable area of life. However, it is important to note that in turn Mrs. A has made use of her passivity to control Mr. A's life (e.g., vocationally). At the beginning of counseling Mrs. A had very little insight into the nature of her problems. It was extremely difficult for her to verbalize complaints (perhaps due to her passivity?). However, as counseling progressed, her anger toward herself and toward others came out into the open. At the conclusion of Group A her complaints were almost completely focused on her husband who she claimed caused her great pain. The complaint involving her teenage daughter ceased to be significant to her.

Review of Total Life Picture: Childhood -- As would be expected, Mrs. A was aware of feelings of great personal inadequacy --

even in childhood. Although she is obviously a very intelligent person, she reported that she never did well in school. She had attended grade school for a number of years before an interested authority noticed that she had a hearing problem. She always felt inadequate in academic situations and chose to sit at the rear of the classroom and not to enter into class discussions. Her relationship with her parents has been poor. She describes her father as being a rather cold, nonunderstanding man whom she feared greatly. Her mother tended to be an overcontrolling type of person. Mrs. A's relationship with her younger sister, (one year younger) also left much to be desired. Her sister apparently suffered from numerous psychosomatic illnesses, the most important of these being an asthmatic condition. Mrs. A reports that she was never allowed to engage in an active social life for fear of arousing excitement around the home which might cause her sister to be ill. It is interesting to note that, while Mrs. A's sister was able to control the family with her illnesses, Mrs. A did not share this ability. Because of various statements that Mrs. A has made, there is a serious question in the author's mind about the possibility of an unresolved oedipal conflict growing out of her early adolescent years. Her father, while cold and detached, was obviously a person of great interest to her. She indicates that her husband is in many ways "just like my father." Mrs. A reports that her husband, even physically, strongly resembles her father.

Marital History -- Mrs. A married her husband while she was in

college. Mr. A has a sociopathic-type personality and is able to establish very few deep relationships with people around him. However, he has become deeply involved with Mrs. A. It seems as though their marital life has been one long continuous parent-child relationship. In some instances Mrs. A is obviously the mother in the marital situation. Mr. A relates to Mrs. A much like a little boy begging for approval from a somewhat capricious mother. On the other hand, Mrs. A is unwilling to accept responsibility for her own decisions and so she tends continually to put Mr. A into the "big daddy" role to make all of the family decisions (even when they go against her own moral principles). The A's have been married approximately twenty years and most of that time it appears to have been a chaotic marriage. The author has observed that they have resorted to several subtle devices in order to keep the marriage together. Some of these devices have been: a brief period in which Mr. A played the game alcoholic (he was not an alcoholic); Mrs. A turned all of her energies toward caring for her children; and Mr. A made the decision to enter the ministry. All of these things tended to glue together a shaky marriage.

Sex Life -- Except for a brief period prior to the beginning of therapy and including the period spent in Group A, the sex life of the A's seems to have been adequate. Both Mr. and Mrs. A are physically attractive and healthy people. Mrs. A appears to be warm and giving and is definitely seductive. However, in her sex relationship with her husband she has often used the device of

withholding sexual intercourse in order to increase her bargaining power. Mr. A gives the appearance of a person who has missed so much love and affection in his early life that it will be seemingly impossible for him to make up for this void in later life. He is constantly seeking affectionate expressions from Mrs. A. In Group A meetings the only real problem that Mr. A was able to verbalize about their marital difficulties as he saw them was that he didn't receive enough affection (compliments and sexual responses) from his wife.

Financial -- Like other parts of the A's life, the financial situation was chaotic. Because of Mr. A's grandiose schemes and ability to borrow money from everyone in sight, the A's were deeply in debt. Recently, with the assistance of an attorney, they have filed for bankruptcy.

How Children are Reared -- The A's have four children: a 19-year old daughter (now married), an 18-year old son, and 15-year old twin girls. Mrs. A appears to have been the dominant force in the rearing of the children. With the exception of the pregnancy out of wedlock of the oldest daughter, there seems to have been very little difficulty in this area. The only problem in the child-rearing situation of which the author was aware was that Mr. A attempted to elicit affection and maternal responses from his adolescent daughters. Mr. A's attempts to play the role of the "good guy" with his children has made it necessary for Mrs. A to be the family disciplinarian (a role which fitted well her tendency to seek to

control the family). Mr. A's default as a disciplinarian caused much of their children's adolescent anger and rebellion to be directed at Mrs. A.

Family (Who's Boss) -- It is very difficult to say who was in control of the A family. On the surface it would appear that Mr. A was obviously in control. However, when one looked more deeply it could be observed that behind much of Mr. A's frantic scrambling and manipulating for attention and success was the insidious direction of his wife (example, Mrs. A seemed to be behind Mr. A's decision to enter into the ministry).

Employment History (Including Scholastic) -- Mrs. A had two years of college experience. Until recently, (the last three or four years) she has not been employed outside of the home. At this time she is employed as a claims adjustor for an insurance company. Mrs. A is a valued and competent employee.

Social Relationships -- Mrs. A has had very few adequate social relationships in recent years. Her time has been devoted mainly to her children and not to activities outside the home. She appears to be hesitant about entering into new social situations.

Diagnostic Material: Precipitating Factors -- An acute anxiety attack was brought on by the pregnancy out of wedlock of Mrs. A's oldest daughter. Mrs. A strongly identified with this daughter (having committed some of the same "sins") and as a result of this experienced great guilt and rage.

Predisposing Factors -- Patient has a long history of not

acting upon what she believes to be right. Her history causes insights gained from counseling to be of questionable worth (they are often not put into practice).

Proposed Treatment -- Long-term supportive counseling, with an emphasis upon guiding Mrs. A to act upon her insights in a way which will free her from her own guilt and the manipulation of others. (This procedure proved to be inadequate and was modified in Group B).

Case Study: Mrs. E. Mrs. E is a fifty-four year old, tall, slender, Caucasian female. This year she completed all of the legal requirements for divorcing her husband with the notable exception of neglecting to pick up the final legal documents (that would certify that the divorce was final) from the authorities. Mrs. E holds a B.A. degree from a highly-regarded college. In addition to her college education, she has received extensive training in the field of music. At the present time she is supplementing her modest income from investments and child support payments by working part-time as a music teacher. Mrs. E was referred to the center by a local psychiatrist. Mrs. E has received considerable help from a long line of professional counselors. She seems to have had a life-long history of marginal adjustment to reality. She reveals passive-aggressive personality traits along with pronounced paranoid tendencies. Mrs. E's affect on some occasions is markedly inappropriate.

In the last five to six years she has received counseling from at least six different counselors. With the exception of the counseling done with Dr. P (which was in a group), Mrs. E has been

seen privately by her counselors. Mr. and Mrs. E are the parents of three male children; all of whom have had serious trouble making adequate social adjustments. Mrs. E lives in the family home with her 14-year old son. Mrs. E began counseling with the author October 1, 1965. With the exception of the ten-week period when Mrs. E was seen in a group led by Reverend R and the author, she has received private counseling. Most of the material contained in this case study was shared with the author in private (individual) counseling sessions held before and during the weeks that counseling Group A was in existence.

Presenting Problem: Mrs. E's presenting problem was expressed as wanting to learn how she could start giving things back to life (i.e., how she could become a socially productive person). She said that she wanted to make herself do things for other people. She was afraid that she was liable to spend the rest of her life "just sitting at home." She also expressed difficulty in managing her finances. She mentioned that she had great trouble keeping herself on a schedule.

Mrs. E has had a very inadequate marriage. Both Mr. E and Mrs. E required that a considerable amount of distance be kept between them in their marital relationship. Mrs. E complained of having been dominated in the marriage by Mr. E (this domination or control seems to have been primarily financial -- Mr. E is financially very conservative, Mrs. E is financially irresponsible). Although the marriage has been terminated, the relationship between

Mr. and Mrs. E until recently had continued as though he had merely been away on a trip (they periodically had sexual relations and he played a large part in managing her affairs). Mrs. E has never had an opportunity to establish a good relationship with her parents. Her father (deceased) was a distant, detached man who spent most of his life away from their home. Her mother is an energetic, critical woman who so threatens Mrs. E that she avoids closeness with her mother as much as possible.

Mrs. E's social relationships were casual (even though some sexual activity has been involved) and for the most part unsatisfactory. Mrs. E has been a reasonably competent music teacher (this is a part-time vocation). Mrs. E is uninterested in religious activity. She doesn't feel that she has any religious problems.

Diagnosis: Mrs. E is a borderline psychotic (who on some occasions has definitely appeared psychotic). The author's diagnosis is schizophrenic reaction -- paranoid type. She also reveals some passive-aggressive personality traits.

History of Problem: Mrs. E was reared in a schizogenic family. Her mother was a hostile woman who continually attacked Mrs. E's sense of self-worth. Her mother was uncomfortable with men and strongly stressed the vileness of sex. Mrs. E had an older sister (ten years her senior) whom she was very drawn to emotionally (this girl seemed to have adopted a mothering role toward Mrs. E). This sister died of a "virus" as an adolescent. Mrs. E had another sister slightly her senior who apparently was epileptic (unconfirmed) and who

served as Mrs. E's constant tormentor. This older sister was later placed in a correctional school for girls. (Mrs. E appears to have a long history of having the people she becomes the most actively involved with leave her). Mrs. E's marriage of over twenty years has contained little intimacy. She has had a great deal of difficulty giving love to her children. One became a "beatnik" for several years (he now has made a reasonable social adjustment) and another became an alcoholic. Her youngest son, who has had a long history of behavior problems, has been diagnosed (by local psychiatrists) as "passive-aggressive personality, aggressive type." The author agrees with this diagnosis (he has interviewed the boy) and would add to it the strong possibility of his being on the verge of adolescent schizophrenia.

In recent years Mrs. E has become increasingly aware of her isolation from her family and from her peers. She apparently has recently suffered further personality disintegration (which has aspects of involuntional stress). She also is aware of bizarre behavior that she labels as irresponsibility.

Dynamics of Problem: Mrs. E has become a fearful (paranoid) person who is incapable of achieving any intimacy with other persons. She has repressed (dissociated) her feelings toward other people. She is aware of the repression and claims that this has been done because she no longer wants to risk being hurt by others. She describes herself as being like an engine running under glass that we can stand back and observe but can't touch. Because of her paranoid

state and passive-aggressive personality traits, Mrs. E is at the same time frightened of interpersonal contact and able to discourage others from seeking to initiate depth relationships with her.

The Types of Counseling Employed: In private sessions the author has offered Mrs. E his help on any level that she was willing to take it. The author observed in one-to-one interviews with Mrs. E that if he became very probing or analytic, she immediately became very anxious (she would refuse to continue on a subject, she would talk incoherently, and on some occasions she would respond by forgetting her appointments with the therapist [passive-aggression7]). In private therapy the author found that he could best serve Mrs. E by merely being available as her reality tester. Mrs. E often asked the therapist for "advice." On the few occasions that he did give her advice she was unable to act on a basis of this counsel. Because of the difficulty of maintaining a meaningful relationship with Mrs. E, the author concluded that she could best be treated by group therapy. Mrs. E's experience with Groups A and B supported this assumption. Her therapeutic experience with Group A will be discussed briefly at the end of the report on this group.

Description of Process of Counseling: The depth of private counseling was directly in proportion to the strength of the relationship between Mrs. E and the therapist. In general, this same statement could be applied to every session the author had with Mrs. E. Private sessions were often begun with a rather interesting but casual chat (in which Mrs. E told the author what she had done in the

past week). From this beginning the interview usually moved to some new problem that seemed to be troubling her (this was often rather detached and intellectual). At this point the therapist would frequently ask, "How are we doing today? Are we communicating? (i.e., are we in touch with each other?) Do you feel like I am understanding what you are telling me and are you telling me what you really want to tell me? Mrs. E responded to this approach with warmth and on some occasions she was able to tell the therapist whether or not they were communicating honestly. The periods of real communication were inevitably very brief. She would often let the therapist know (verbally and non-verbally) when she was becoming distressed by the interpersonal closeness. When she became anxious, by mutual consent the therapy moved to safer territory. Several days after therapy sessions, Mrs. E would often phone the therapist to tell him something that she felt was significant that had grown out of a particular session (e.g., she once phoned to tell the author that she had resolved to become more trusting and that she wanted the author to be the first one to know). Although such insights are in themselves encouraging, Mrs. E was unfortunately totally unable to modify her behavior on a basis of them. Mrs. E is a very intelligent, refined person. However, the author always left the private sessions feeling drained of strength. She demanded a great deal of involvement (feeling) from her counselor, but at the same time was able to tolerate very little interpersonal involvement. Even when Mrs. E did achieve a marked level of involvement in the therapy relationship,

she was unable to use this relationship and resulting insight as a tool for solving her difficulties in living.

Goals of Counseling: The author's preliminary goals with Mrs. E prior to the beginning of Group A were on two levels. First, the author sought to support her so that she would be able to cope with her everyday problems more effectively (rather than irresponsibly). In this respect, counseling is primarily a reality testing activity with Mrs. E. As the author has already indicated, although this support and reality testing produced considerable insight, this new self-awareness did not allow Mrs. E to make any significant changes in her life patterns. Second, the author had the rather ambitious goal of helping decathect the repressed material (sexual and hostile feelings) that Mrs. E no longer allowed herself to experience openly. This would have the effect of improving Mrs. E's affective responses. The author wished to provide the kind of relationship that would enable Mrs. E to work through (at least partially) the emotional blocks that kept her from responding appropriately to life situations.

Evaluation of Counseling: Until the time that Mrs. E was placed into a structured group therapy environment, the author was able to see only rather slight results from his work with this client. Mrs. E is a past-master at finding ways of defeating any plan of action set forth by the author or by members of Group A. She, of course, had retained a large amount of control over the therapy situation. If advice were given, she would find some way of failing

to carry it out. When she did "make a mess out of things," she nonverbally let the therapist, and the members of Group A, know that she couldn't be reprimanded or else she would break the therapy relationship (which she had done on several occasions, e.g., forget her appointments, etc.). By the end of Group A's ten sessions Mrs. E had begun cautiously to try out various suggestions that had been made by the group regarding her finances and her relationship with her teenage son. Although the group was disturbed by Mrs. E's irresponsible behavior, like the therapist they seemed to be willing to accept (excuse) Mrs. E's irresponsibility. During the last meetings of Group A, Mrs. E seemed to be torn between being ruled by the group's suggestions (which she intellectually agreed with) and her deep-seated psychotic behavior patterns.

Dynamics

In the early stages of the group there was a reluctance to deal with depth problems. If a member did talk about one of his problems, he did so in a guarded and defensive manner. The group seemed to be very fearful of the uncovering nature of honest confrontation. After a member had told his "story" (his problem as he saw it), the other members would gingerly ask questions until they ultimately verbalized in a kind of group consensus that they understood the member's problem, that it was unfortunate, and that they (or someone they knew) had experienced the same problem. This initial reassurance was, of course, helpful in building rapport within the group. However, in terms of really coming to grips with their problems

(analyzing the interpersonal dynamics of their problems and of mutually making concrete plans to eradicate the problems) the early phases of the group left much to be desired. By the end of the fourth session of Group A, Reverend R and the author decided that since the group would be of only ten weeks duration we could not possibly afford to leave the group unstructured as the result of leadership-by-default techniques. It seemed highly probable to both therapists that unless the group was structured immediately it would run the serious risk of avoiding doing serious work with most of the individuals in the group. The therapists were convinced that "serious work" with individuals could be done if the group could be helped to center down on particular problems that individuals were exhibiting in the group. The technique employed to help the group deal with individual and collective problems was confrontation. The first member of the group to be confronted with the way the therapists saw him manipulating the group was Mr. A. At first Mr. A defended himself very well against the interpretations (and accusations) of the therapists. Because both therapists seemed to be made anxious by Mr. A's sociopathy, he was constantly confronted for his manipulations within the group.

In the early sessions of the group Mrs. A reacted negatively to all attacks made by the group on her husband. However, in the later sessions of the group when the group turned its attention to Mrs. A and asked what her role was in the marital and family difficulties, she immediately began attacking her husband. Mrs. A

would only talk about her husband or her family. If she were asked a question, she would either give a brief non-committal answer or else state that she didn't know. The group felt very uncomfortable about confronting Mrs. A. In the way that Mrs. A remained silent, or responded in a hurt (and derogatory) manner to the group and its therapists, she showed her control over the group. Because of the brief time that the group had together to work on their problems, they chose to let Mrs. A play the role of an "audit" member rather than a full member of the group.

As a result of the confrontation (largely motivated by anger and anxiety) that Mr. A received from the group, he became very anxious. Mr. A usually avoids anxiety in interpersonal situations by smooth cunning maneuvers. Mr. A's manipulations were almost completely foiled in the group. As a result of the constant barrage of ridicule that Mr. A received, he began to "reform." Mr. A became painfully aware that his method of conducting his affairs not only was unprofitable (Mr. A is deeply in debt), but also was not one that merited approval from his peers within the group. In spite of Mrs. A's desire to keep Mr. A in the role of "the bad little boy" (group's term) who was always guilty of messing things up, Mr. A began to experiment with acting more responsibly. He began a successful search for a job. He developed a budget (which he didn't keep). He sought legal help in overcoming his debts by declaring bankruptcy. At the end of the group experience Mr. A was still unaware of the difference between expediency and responsibility.

Mr. and Mrs. G did profit slightly from the time that they spent with the group. It was an opportunity to deal in a surface but constructive way with their difficulties. Mr. G, who has grave misgivings about his own masculinity, was rewarded by the group for his desire to grow to be effective in his roles as husband and father. Mr. G often gave Mr. A his man's point of view concerning his behavior. In return, Mr. A (who always attempted to deal condescendingly with Mr. G, whom he considered castrated and henpecked) never missed a chance to point out Mr. G's masculine shortcomings. Mr. G was able to evaluate his behavior in the light of Mr. A's views of the masculine role (bravado) constructively. He came to see that the changes he really wanted to make in his masculine role were not as great as he had originally thought they would be. At the same time that Mr. G was discovering what his role as father and husband should and could be, his wife was constantly told that she must cooperate by giving Mr. G the opportunity to try out his new understanding of his place in the family as the head of the family. Mrs. G, who is an extremely orally-deprived person, found it very difficult to cut Mr. G free from her apron strings. She continually had the fantasy that if Mr. G literally got out of her sight he would be unfaithful to her as her first husband had been unfaithful to her. Mrs. G, with the group's help, was able partially to release her husband and her nine-year old son from her smothering overconcern for them. Long after the cessation of the group, Mrs. G still had difficulty giving her family the breathing room that they

needed. However, as a result of the influence of the therapists and the group, Mrs. G had widened her circle of friends and has overcome (to the point of being able to live with them) many of her old phobias. She is now able to tolerate staying at home alone while her husband works a night shift at the factory. She is also able to enjoy her children without continually having to smother them with neurotic attention. In the group Mr. and Mrs. G were often told that they should and could do precisely the things that were hard for them to do. Despite occasional relapses, Mr. and Mrs. G are today a happy, outgoing couple who are looking forward to a continually-improving family life. The G's appear to be able to handle the routine problems of day to day living. However, because the therapists of Group A were not yet committed to the principles of complete openness and confrontation, the G's reaction patterns to crisis of which the therapists were aware were not presented to the group (Mr. G responds to extreme crisis through homosexuality and Mrs. G through promiscuous heterosexual behavior). This was, of course, a serious omission.

Mrs. K came into the group primarily to receive help in managing her husband's twelve-year old son who had moved in with them. Despite her appearance as a level-headed woman capable of meeting any crisis, she had a history of poor marital adjustments as well as a period of hospitalization as a result of what she termed a "mental breakdown."

In the group many examples of Mrs. K's distortions in

interpersonal relations became evident. In the first meeting Mrs. K became very angry with Mrs. E who up to that point had been polite and understanding with every member of the group. It came out in the course of our meetings that Mrs. K. violently disliked Mrs. E because she perceived her to be an evil woman (like Mr. K's first wife) who would gossip about her and cause her difficulty within her family. It was the opinion of the group that Mrs. K had completely misjudged Mrs. E's character. The group was helpful in helping Mrs. K overcome this and other obvious projections, not by dealing with the transference phenomena analytically (Group A lacked that level of psychological sophistication), but rather by serving as a reality-testing source for her. As Mrs. K talked about her family, further projections were pointed out to her. Mrs. K, who was interested in bringing about improvements within her family would often ask for and would receive suggestions about how she could improve her relationships. It is important to note that Group A made suggestions, they did not make contracts. Members felt themselves under little obligation to act on the suggestions they had received. The group did not insist that its members begin acting on a basis of insights gained from counseling. Several months after the close of Group A Mrs. K told the author that she continued to have family difficulties and that she needed more "help."

In many ways Mrs. E was the most interesting member of Group A. Because of her clear and often extremely helpful insights, she was labeled as the group's "third therapist." In the group Mrs. E was

relatively free from the resistances that produced scrambled thought, intellectualization and occasional sheer panic she exhibited in the individual sessions. Mrs. E also exhibited more appropriate affect in the group.

Although Mrs. E has grown to trust the author and to experience him "as a kind and good person" (positive transference), her marked paranoid tendencies make it impossible for her to tolerate any degree of psychological closeness between herself and the therapist. Mrs. E became especially anxious in individual therapy when warmth was expressed. She tended to see warmth and concern in individual therapy as having threatening sexual overtones. In order to block out her anxiety resulting from repressed sexual material, she found it impossible to discuss (except perhaps in a veiled schizophrenic sense) anything that had a marked sexual content. In the group, however, she seemed to be free of her great fear of "getting too close to people." The mixed sexual makeup of the group, combined with the desire of other members to share the therapy hour, provided Mrs. E with a much greater sense of freedom. She realized that if she was anxious, other members could be counted on to carry the ball temporarily. Because she felt a need to socialize (structured yet reasonable close relationships) with the other group members, Mrs. E felt highly motivated to behave in the group in a way that would meet with their approval. The reason behind her lack of "crazy symptoms" within the group may have been that the group did not feel comfortable when one of its members exhibited an extremely "crazy symptom."

Mrs. E was highly rewarded by the therapists and by the group for her perceptive insights into their problems. In addition to being an expert on other people's problems, Mrs. E (probably as a result of considerable previous therapy) was able to verbalize her own difficulties in living. However, the group members were quick to catch the fact that, although Mrs. E was capable of considerable insight into her own difficulties, she was reluctant to act upon them. In response to Mrs. E's fearfulness and irresponsibility, the group expressed its anger and disappointment to Mrs. E regarding her inability to carry out the plans that she had agreed upon with the group. When Mrs. E would express some reason why she did not do what she told the group she would do, they shrugged their shoulders and said, "Mrs. E, you did it again," and would move on to another member's problems. In order to maintain her status in the group as a mature member who was "able to get something out of therapy," Mrs. E began to experiment with carrying out minor plans that she had made in the group. When Mrs. E carried out the plans that she had made in the group, she was rewarded by both the group and its therapists. In commenting on the group Mrs. E said that she was "greatly helped by the group because it made me stay on the line (that prevented her from stepping over the boundaries of reality into irresponsibility) and to do what I knew I had to do." The author feels that this statement, while only partially accurate in Mrs. E's case, is nevertheless eloquent testimony to what a cohesive therapy group can accomplish. Because of the brevity of the group's

existence, the lack of a clear and consistent structure, the therapists' inability to be open with the group and in turn to demand openness from them, many of the deep underlying dynamics of the problems in living that were presented by group members (privately and in the group) were not fully explored. However, it was the opinion of the therapists and the group members that slight improvement of interpersonal relationships on the part of the group members had transpired as a result of Counseling Group A's therapy experience. A more penetrating criticism of Group A will be contained in the concluding chapter of this study.

II. COUNSELING GROUP B

Background Material on Counseling Group B

As a result, first, of encouraging results from directive and confrontational therapy in one-to-one relationships and, second, of the advice of his counseling supervisors, the author decided to apply directive and confrontational therapy procedures to Counseling Group B. On the basis of the recent creative theorizing and research of O. Hobart Mowrer, the author also was determined to employ therapy procedures that would allow the clients to be open (confess their failings) with each other and with "significant others" (friends and relatives outside of the group with whom the client had deep emotional involvement). Finally, Counseling Group B was to contain contractual therapeutic elements (which the therapist referred to as agreements) as suggested

by Richard R. Parlour and his associates.²

The membership of Group B was drawn from clients who had been referred to the Claremont Pastoral Counseling Center to receive help in working through various problems in living. The clients in Group B had been referred to the Counseling Center from the following sources: psychiatrists, 5; clergy, 1; self-referrals (from non-professional sources), 2.

Group B's Therapeutic Experience

Group Formation and Structuring. Group B met twelve times for approximately two and one-half hours per session. Occasionally the therapist also saw the clients individually for brief private interviews. In the first meeting it became evident that Mr. and Mrs. A and Mr. and Mrs. S had become involved in an immediate transference relationship. Mrs. A and Mrs. S had identical woeful stories to tell of the way life had treated them. Mr. S expressed great interest in Mrs. A (he openly solicited her attention and approval by using sociopathic maneuvers not unlike those used by Mr. A). It is interesting to note that Mrs. A, who is interested in developing romantic alliances, immediately responded by giving Mr. S attention that was both motherly and seductive. Mr. A did not seem concerned with what was going on between Mr. S and his wife. Perhaps the reason Mr. A did not feel threatened (he is usually

²Phillip Z. Cole and Richard R. Parlour, "The Family Therapy Meeting" (Paper prepared for the Annual Meeting of American Group Psychotherapy Association, January, 1965), p. 4.

very jealous) is that he considered himself immensely superior to Mr. S. Mr. A seemed to be content to enjoy the company of Mr. S and his wife. Both couples completely ignored the presence of the other two clients in the group. Because of the short-term nature of Group B, it was decided that it would be unwise to let the obvious danger of sexual acting out (both couples had already experienced extramarital affairs while in therapy) become a reality. Since Mrs. S seemed to be on the verge of a psychotic episode, it was decided that Mr. and Mrs. S would need to remain in the group where they could continue to receive additional support. Mr. and Mrs. A were asked to drop out of the group and to resume counseling with the therapist on a private basis. It was explained to the group that at this point the therapist felt that Mr. and Mrs. A could be better helped in private sessions. With the exception of Mr. S, who was interested in the A's and felt that he could learn a lot from them, the decision to drop the A's from the group was well received.

With the A's now absent from the group Mr. S began to turn his attention to attacking his wife in subtle yet openly hostile remarks about her irresponsibility and her unreasonableness. Mr. S's attempts to manipulate the group into joining his attack on his wife were unsuccessful. The group (especially Mrs. E and Mr. D) was quick to point out Mr. S's role in Mrs. S's irresponsible behavior. On the advice of our consulting psychiatrist (who had also been the S's previous therapist) the therapist attempted to arrange for female visitors (relatives and friends) to be constantly in the home of

Mrs. S in order that she might be aided in warding off her threatened psychotic attack. Since she was not able to responsibly enter into mature contractual relationships, she therefore was to be governed by a female overseer who would supervise her behavior until she was once again able to function as a mature, contract-making (responsible) adult. In addition to having Mrs. S constantly supervised by a female, the therapist set up appointments for counseling the S's total family group. The therapist also referred Mrs. S to her psychiatrist in order that she might receive appropriate medication. Mr. and Mrs. S showed themselves completely unable to take directions. They insisted on retaining their chaotic family situation (i.e., they decided to continue to play their established "games"). Mr. and Mrs. S dropped out of the group (and family counseling sessions) without warning. Their method of announcing termination was through repeated unreported absences from therapy sessions. Mr. and Mrs. S are at the present time seeing another therapist (another in a long line of counselors) who is treating Mrs. S with hypno-therapy. The therapist understands that at this point the S's have agreed to a trial separation. Because Mr. and Mrs. S are unwilling to drop their irresponsible interpersonal patterns, it is doubtful that any therapist will be able to affect the kind of involvement with them that will allow them to relate more maturely.

With the exit of the S's and temporary withdrawal of the A's, the group forces underwent a marked change. For a three-week period

the marital difficulties that had consumed so much of the group's attention abruptly subsided. The remaining and actively participating members of Group B, Mrs. E, Mr. J, Mr. D, Mr. T, were interested in themes revolving about vocational, social (dating) and parental problems. In order to help the members work on these problems, the therapist suggested that it might prove beneficial to have each member present to the group a list of his current problems. The therapist then suggested that the group could add to each member's list problems which they saw each other having, both inside and outside of our group experience. Included in every member's list of problems was to be an agreement (between individual members and the group) which stated what that member was going to do during the current week to help work out his problems. It was agreed that approximately twenty minutes each session would be devoted to having the group "check out" (evaluate) how well each member had kept his agreement. If a group member had difficulty keeping his agreement, this would become the "first business" to which the group would give its attention. Was the member whose agreement was not kept frustrated by persons and events that were really beyond his control; or was neglect to keep his agreement a form of resistance (perhaps hostility toward the group) that was keeping him from working through his problems to their successful resolution? If a member successfully carried out his agreement, he was to be complimented for his "good work" (perseverance and courage) by the group.

Agreements During First Phase of Group B. In one of the initial sessions Mr. D, a husky nineteen-year-old, complained of his sense of worthlessness. He said "all I have to do is sit around all day and look at the 'tube'" (television). He had been suspended from his regular job because he had been charged with a felony. He refused to take a part-time job prior to a final court decision on his case and consequently he was without means of support. Mr. D was in the habit of spending his days feeling sorry for himself. Despite the fact that he was apparently deeply troubled by the irresponsibility that led to his being charged with manslaughter, he continued to adopt a wholly irresponsible attitude toward his current responsibilities. The group was quick to point out the inconsistency between what he said and what he did. With the group's prodding, Mr. D reluctantly agreed to look in the newspaper's "Help Wanted" section and to take any temporary job that he should happen to have offered to him. In order to look realistically for this job he was to be out of the house by 10:30 a.m. each day (he usually slept past noon). Mr. D also was to try to organize sandlot baseball games in an attempt to overcome his boredom and lack of contact with other young men his age.

Mrs. E suggested that her agreement list include: (1) making a realistic budget, (2) reporting to the group on her job (whether or not she was "sticking to it"), (3) handling upsetting interference from her ex-husband by becoming busy with constructive activities rather than allowing his threats and insults to cause her to withdraw

from reality.

Mr. T asked that his list include: (1) going into his boss' office to ask for time off that Friday so that he could leave early on a vacation. Because of Mr. T's authority problem and fear of aggression, this would be a courageous undertaking. (2) doing something about correcting his speech problem. Mr. T has difficulty allowing his thoughts to flow forth in speech when he is tense. Because of the anxiety that he feels in the therapist's presence (authority problem) and in the presence of the group, Mr. T often speaks in an overly-controlled, halting manner. The therapist suggested that Mr. T set aside a few minutes after the group meeting to write "whatever comes to mind" and to be prepared to read this written material for us the following week.

Mr. J's agreement included bringing two dollars to apply toward his counseling bill. He also was to work at cleaning up the kitchen of his apartment for twenty minutes per day.

The following week when the group members reported on their agreements, renewed interest in each other's problems was evident. The members adopted a sincere "how did you do with your problem" attitude with each other. Mr. D had not kept his agreement. The group reprimanded him for his failure. They asked him why he was always complaining about how tough things were but never did anything to improve his situation. Mrs. E had diligently maintained her agreement. In her report she handed out to the entire group copies of a budget that she had developed for herself. The group made

several suggestions for improving her budget. She was obviously pleased at having won their approval through her responsible action during the past week. It has been Mrs. E's pattern in the past to react to stress in interpersonal situations with irresponsible (schizophrenic) behavior. Mr. T had reported that in the keeping of his agreement he had talked to his boss and had found him much easier to talk to than he had imagined would be the case. Mr. T read the material that he had written for the group haltingly and with great feeling. Mr. T had chosen to write down his feelings in the form of a poem. His poem was well received by the group. He was pleased that he had been able to communicate his feelings to the group through his poem. Mr. J reported that he had gone beyond the requirements of his agreement. He brought eight dollars instead of the minimum two dollars which he had agreed to pay on his counseling bill. He also proudly reported that he had spent an entire day in the cleaning of his apartment.

At the end of the evening's session, we returned to the task of deciding that the members' agreement lists would include for the following week. Many of the agreement items from the previous week were retained in the new agreement lists. The group members by this point in therapy were beginning to know each other very well and thus were able to suggest various items that could be added to each other's lists (as well as to their own) that would help to bring about the resolution of their problems. For example, Mr. D was given pointed suggestions with regard to how he could go about

finding a job. These suggestions (with Mr. D's approval) were added to the agreement. Mr. T, who has difficulty relating to women (he either abuses them or is completely intimidated by them) was given suggestions as to how he could improve his relationship with several young women in whom he is interested. He was also encouraged to take the needed steps to be admitted to a university teacher-training program in which he is interested. Mr. T agreed to add these items to his agreement. Mrs. E agreed to add to her list a promise to clarify family rules with her teenage son. She was also to enforce the new rules by gaining the cooperation of her son's probation officer. Mr. J's agreement was basically the same as the previous week.

Openness in Group B. The author of this dissertation has already indicated that for him the term "openness" refers specifically to the confessional aspects of therapy that are described in the writings of O. Hobart Mowrer. In Mowrian therapy open and frank confessions to one's therapist, "significant others," and therapy group, along with restitution for "sins" committed, are strongly emphasized. Mowrer claims that it is only when a client is able to take the leap of faith required to let another person know who "he really is" that the client can begin effectively to resolve his emotional problems.³

³ O. Hobart Mowrer, Abnormal Reactions or Actions? (Dubuque, Iowa: Wm. C. Brown, 1966), p. 18.

After Mr. and Mrs. A withdrew from Group B, they resumed "couple counseling" with the author. Mr. and Mrs. A did not appear to be upset by what must have seemed to them to be the therapist's rather abrupt change of mind regarding the kind of therapy from which they could best benefit. Although Mrs. A complained of recurring depressions, this was not seen as a serious phenomena since this had become a rather firmly established (and predictable) reaction to interpersonal situations that caused her to be anxious or angry. Mr. A, who as a result of previous therapy (cf. Group A) was valiantly attempting to live an honest and responsible life, sought vainly to please his wife with his newly-acquired "good behavior patterns." Mr. and Mrs. A, although now living highly respectable and ordered lives, seemed to be arrested in their attempt to further improve their marital relationship. Mrs. A insisted that she could not offer him the intimate love relationship that he desired. Mr. A admitted to feeling defeated. He felt bitterly disappointed that despite the obvious social improvement which had given him back his self-respect, he nonetheless was still missing the pearl of great price for which he longed, his wife's love and confidence. In private sessions Mr. and Mrs. A both came to the insight that what they really wanted was a close intimate marital relationship in which each could be free to trust, love and understand the other marriage partner.

The therapist told Mr. and Mrs. A that he had observed a quiet growth of trust between them that perhaps they had not noticed.

The therapist observed that family (child-rearing) practices were now agreed upon, financially they were behaving very responsibly, their social life had greatly increased, and by their own admission their sex life was remarkably improved over what it had been in previous months. In short, the A's had moved from total chaos to a large degree of sharing and cooperation that had restored order and dignity to their lives. Mr. and Mrs. A acknowledged that the therapist's observations were indeed true. However, each again verbalized his own loneliness and despair at still being denied the intimacy and mutual trust for which they longed.

The therapist seized upon this opportunity to ask Mr. and Mrs. A if they were willing to take the risks that are involved in intimacy. Mr. and Mrs. A said that although they were not sure of the content of the therapist's question they would seriously consider any "risk" that might be involved in deepening their relationship. At this point the therapist stated that he was aware of deep longings, disappointments and betrayals that were a part of each of their lives that they had never shared (confessed) with each other. The therapist assured them that he would not reveal what they had told him in confidence privately. However, since they were now seemingly ready to make a significant move toward intimacy, perhaps now they would be willing to share the "secrets" that they had so carefully kept from each other. Mr. and Mrs. A fearfully examined each other in order to determine if they could safely reveal themselves. With great caution each told the other person who they really were. After

they revealed their secrets (marital indiscretions, both real and longed for), they reacted by expressing feelings of anger and confusion. In the midst of this cauldron of emotion they sensed their great loneliness and alienation, along with the hope of intimacy, to the point that they physically reached out for each other. Forgiveness and reconciliation still seemed to be beyond their grasp but in a moment of openness Mr. and Mrs. A had left their private hells and had begun to suffer together.

Because Mr. and Mrs. A were torn between the desire to achieve intimacy on one hand and the desire to allow guilt and anger to boil into vindictive behavior on the other hand, the therapist sensed that he could best help the A's through this stormy stage of development by allowing them to have the support and reality-testing advantages that are inherent in group therapy membership. The "secrets" that had multiplied in significance because they had been fearfully stored away in order to hold together an inauthentic marital relationship needed to be brought out into the open where they could be examined for what they really were. After the A's had completed telling each other "who they really were," they would still need help in adjusting to each other. The loneliness, pain, and alienation that was behind their "secrets" still cried out for the relief that could come from the development of an authentic intimate relationship. The therapist suggested that Mr. and Mrs. A rejoin Group B and open themselves to the group as they had opened themselves to each other. Mr. A was anxious to have the support of

the therapy group. He had had little experience in being open with his wife during times of crisis (he had previously reacted to crises with his wife by manipulating her into untenable positions) and thus felt deeply the need for the group's help in speaking honestly to his wife. Mr. A also felt that his past record of behavior with his wife had been so poor that he needed the group to encourage Mrs. A to continue in her attempt to trust him.

Mrs. A, who had had a life-long pattern of hiding her failings, fears and suspected inadequacies through the defense mechanisms of projection and rationalization coupled with the symptom of neurotic depression, attempted to use these devices to avoid reentering the group. Mrs. A sensed that this time she could no longer avoid intimacy in the group through her "witchy" (group's term), non-committal, and "poor little girl" behavior. Mrs. A was as frightened of intimacy with the group as she was of intimacy with her husband. She adamantly refused to rejoin the group. It was only the interpretation of her resistance and the insistence of the therapist that drew from Mrs. A the angry and fearful response, "All right, I'll go, but I won't tell them anything -- I can't."

O. Hobart Mowrer has written convincingly of the need for neurotics to be "open" with persons other than their therapist. Mowrer was struck with the realization that even after a client had been "open" with his therapist or persons who made up his "significant others" the therapist could not consider his patient absolved of guilt and anxiety.

...After a person had made a deep, soul-shaking disclosure to me, I could not say: "Thy sins be forgiven." I knew that "getting open" with me alone would not dissipate this person's fears with respect to other people. However, I did not, for a while, know how to resolve this difficulty. At this time we were of course beginning to hear a good deal about "group therapy," conducted on the basis of psychoanalytic principles. But that was not what I wanted. I knew it was not "catharsis," the mere "ventilation" of supposedly repressed sexual and aggressive impulses that was needed, but a confession of guilt and a return to "community." If the "neurotic had gotten into trouble by progressively cutting the bonds of authentic relationship with the people about him until he was living in a community of one (which is madness), then the only logical solution to the problem is to reverse the process and start expanding the sphere of honest, fear-free relationships. Group therapy of a special kind promised to be the answer, and I soon began moving the persons who came to see me "privately" into small and then larger groups after the first or second interview.⁴

Mr. J, like Mr. and Mrs. A, came to feel that he desperately needed to let people know who he really was. Mr. J was constantly being rejected by people for his boorish behavior. He seems to have decided that it is better to be rejected for trivia than it is to be rejected for the more embarrassing problems with which one is wrestling. Mr. J, who is socially immature, is deeply frightened by the prospect of heterosexual relationships. He has been arrested for a homosexual offense. Mr. J, with great difficulty and shame, told me privately of this arrest. He was unable to bring up this matter in the group. However, one evening in the group meeting he asked permission to bring in several slips of paper the following week. Mr. J said that these slips of paper would be given to every member of the group. Mr. J indicated that this technique would help him to open himself to the group. The slips of paper told of his homosexual experience. Mr. J experienced extreme anxiety while the

⁴ibid., pp. 24-25.

slips were being read. To his surprise the group did not condemn nor reject him. Instead, they saw Mr. J for what he really was, not a sexual deviate to be scorned, but a man who was obviously terrorized by females and who needed help with this problem. Mr. D shared his own anxieties with Mr. J in regard to his own fear of women and homosexual fantasies. Mrs. E and Mrs. A warmly reassured Mr. J that from a woman's point of view he was worthy of female attention. Mr. A and Mr. T respectively offered fatherly and big brotherly advice about how Mr. J could "take the bull by the horns" and become comfortable in heterosexual relations. Mr. J added these suggestions to his agreement list. He clearly understood that after having been open with the group and after having received their support and suggestions it was now up to him to make a contract with the group that indicated that he was willing to get to work on his own problem. The group's responsibility in Mr. J's agreement (contract) with the group was to regularly check with him concerning the stipulations of the agreement (that he have heterosexual dates, that he dress appropriately, etc.).

Agreements During Second Phase of Group B: A Progress Report.

The only change in membership during the second phase of Group B had to do with Mr. D. Mr. D is now the responsibility of the California Youth Authority. He is contemplating the resumption of therapy at the Claremont Pastoral Counseling Center following his release from confinement.

Progress Report Mr. D -- Mr. D continued to make considerable

progress prior to his institutionalization. He was able to find temporary employment. He also was actively attempting to improve his social life by becoming involved in various youth groups. Before his incarceration, he had added to his final agreement list (1) his promise to "take whatever the judge says like a man" (2) a letter to his creditors that promised to pay off his debts when he was released from prison (3) a promise to pay his aunt the back rent he owed her.

Mr. D participated fully in the life of the group. In addition to becoming a more responsible person, he was able to work through to a considerable extent his feelings toward his parents (in the group they were represented by Mr. and Mrs. A and the author) and toward his siblings (in the group Mr. J often seemed like an inept younger brother to Mr. D and Mr. T assumed the transference role of an idealized older brother who "could really make it with the girls"). It is the author's opinion that Mr. D has made excellent progress in therapy. If he continues to work on his problems in a therapy setting, the author is confident that he will make an excellent adjustment to life.

Progress Report Mrs. E -- Mrs. E proved to be the group's most insightful member. She still reveals an inability to carry to completion on her own initiative her programs for herself and her son. However, with the group's insistence that she conduct her affairs in a straightforward manner, she is able to accomplish most of the tasks that she considers important.

Mrs. E has learned that she needs to make hard and fast

regulations regarding her son. She is now more able to enforce family regulations because of the support she receives from the group and from her son's probation officer. Occasionally, Mrs. E still feels the need of talking briefly with her therapist regarding personal decisions. Mrs. E is able to arrive at rational decisions but needs the ego-strengthening assistance that she derives from presenting these decisions ("testing them out") with her therapist and her therapy group. Mrs. E, though diagnostically suffering from a serious personality disorganization (schizophrenic reaction -- paranoid type), is an excellent example of the type of seriously disturbed person who can be greatly aided by a highly structured form of therapy. Dr. Richard R. Parlour has told the author that, although it may not be realistic to assume that patients like Mrs. E can be cured, they can nevertheless be helped to become socially responsible despite the serious (and usually nearly hopeless) diagnostic labels that they bear. Mrs. E has great difficulty structuring her life; a group that is itself highly structured has been a great help to Mrs. E in her search for structure and consistency. It may very well be that Mrs. E will never be able to function effectively without being in a highly structured therapy setting. However, it is the opinion of the author that continual therapy for Mrs. E is greatly superior to the interpersonal chaos or institutionalization that Mrs. E would experience if she were to be deprived of the support of a highly structured form of therapy.

Progress Report Mr. T -- Mr. T, with the encouragement of the

group, has made plans to enter immediately into what he believes will be a more rewarding career (school teaching). He has made considerable progress in working through his authority problem. As a result of his improved understanding of himself in relation to authority figures, his relationship with his current employer has greatly improved (he recently received a substantial raise in salary). Mr. T has also become aware of his repressed negative feeling toward aggressive persons (especially females). However, he is still having great difficulty being aware of any positive feelings toward those persons with whom he is intimately involved. Mr. T's speech problem has shown a marked improvement in the group, except for those times when he feels that he is under attack by other group members or by the therapist.

Progress Report Mr. J -- Mr. J has reacted very productively to the controls set for him by the group. He now arrives at meetings on time. He has begun to dress neatly and appropriately. He has made a considerable effort (although at this point it has been only partially successful) to begin dating on a regular basis. Occasionally, Mr. J will still test out the limits of the group by engaging in irrelevant talk or some "calculated" irresponsible act. On one occasion Mr. J went to great pains to let everyone know that he had only brought half of his counseling fee that evening. The group responded to this maneuver by Mr. J by telling him that it looked as though he were attempting to go back to his old irresponsible ways. After a brief period of defensiveness, Mr. J agreed that the

group was right (that he was still trying to gain attention through his irresponsible activity). Mr. J has learned that positive and responsible activity on his part will be highly rewarded in the group, whereas irresponsible behavior will bring only derogatory comments. In recent weeks a curious phenomena regarding Mr. J has occurred. He has begun to use the author's expressions and mannerisms within the group. In addition to being deeply influenced by the parental aspects of his therapist's personality, Mr. J has also noticed that the therapist gains the group approval that Mr. J would like to have for himself. Mr. J is still in the process of (profitably) trying on new roles within the group. Despite Mr. J's improvement, the author believes that Mr. J will have to remain in therapy for a considerable length of time. It will also be necessary for the therapist to work with Mr. J's parents so that they may cease giving reinforcement to Mr. J's self-defeating infantile behavior patterns.

Progress Report Mr. and Mrs. A -- After the exit of Mr. and Mrs. S from the group, Mr. and Mrs. A, at the therapist's suggestion, rejoined the group. In an effort to express mutual trust, Mr. and Mrs. A have shared with each other their longing to have an intimate marital relationship. At the same time they confessed to attempting to fulfill their needs for intimacy with persons other than their spouses. Mrs. A in particular was experiencing great difficulty in forgiving Mr. B for his "unfaithfulness." In an effort to help the A's out of what Virginia Satir refers to as a vicious "blame frame,"

the therapist suggested that they both take responsibility for presenting their problems to the group. The therapist also suggested to the A's that they enter wholeheartedly into the therapy agreement lists suggested by the therapist and the group as a whole.

Mrs. A was very reluctant to re-enter the group. The author believes that she intuitively knew that if she were to share herself (and her problems) with the group that she would lose much of the neurotic control that she held over her husband. On several occasions Mrs. A announced that she was quitting therapy and was going to get a divorce. When this threat to drop out of therapy was interpreted as being resistance to growth (personally and in their marital relationship), Mrs. A would become very angry. It was in these moments of her unreasonableness (the group referred to them as being her "witchy" side) that the group was able to be of its greatest assistance to Mrs. A. On one occasion Mrs. A said that her entire problem centered in her inability to trust Mr. A. She said that in their twenty years of marriage he had shown himself to be completely untrustworthy. The group agreed with Mrs. A that Mr. A had indeed been chronically dishonest but that in the recent months of therapy he had been honest and truthful. The group suggested that on a basis of Mr. A's attempt to live a more trustworthy life that Mrs. A could begin to trust him again. Mrs. A insisted that it was impossible "to just start trusting Mr. A." One of the group members (Mr. J) suggested that Mrs. A could begin trusting Mr. A by "dropping rule number three" of a contract that Mrs. A had drawn up

entitled "Conditions for Continuing This Marriage." Rule number three read, "If you ever get mad at me and leave the house, I shall immediately assume you are carrying on an affair with another woman, and I shall immediately go to my lawyer and ask him to file for a divorce." Mrs. A said that she would not drop rule three. The therapist complimented the group on their attempt to help Mrs. A with specific ways in which she could learn to trust Mr. A. The therapist suggested to Mrs. A that when she was ready to grow, she could again give some attention to rule number three. Although Mrs. A again refused to make any concessions in an attempt to regain trust in Mr. A, by the end of the group session she had agreed to review with Mr. A their marriage contracts.

In recent weeks Mr. and Mrs. A have for the first time in months been expressing love for each other. The sexual side of their marriage has improved significantly. They have become actively involved in budgeting their money and in planning recreational activities. Although the A's marriage is still greatly lacking in spontaneity (it is still tied together with rules and threats), it has become a more mutually positive rewarding relationship.

Dynamics

Group Power Structure: Counseling Group B had an open power structure. When the rather formal structure of the group (e.g., every week time is spent dealing with agreements) and the aggressiveness of the group's therapist are observed, it appears as though the therapist was the only powerful personality in the group's power

structure. However, on closer surveillance it is obvious that the therapist shared a good deal of the "power" with other members of the group. Mr. and Mrs. A exhibited a kind of paternalistic superiority over the rest of the members in the group. With the exception of Mr. D, who has an intense hatred for his own parents (and a large degree of parental transference with the A's), the group did grant a good deal of respect to Mr. and Mrs. A. However, with the exception of the therapist, Mr. T was the most influential person in the group. Mr. T made subtle use of all of the passive-aggressive dynamics at his command to control the group. Mr. T and the group seemed to be consciously unaware of Mr. T's powerful place within the group. The movement of the members in and out of the group has made it difficult for structuring (dynamically) to take place and thus it is hard to describe adequately all of the subtleties of the dynamics of Group B.

Sub-grouping and Pairing: The sub-grouping within Group B seemed to be expressed mainly through the phenomenon of pairing. As the author has already mentioned, the A's and the S's were strongly attracted to each other. Mr. D and Mr. T often paired up in attacking others and in defending each other. Mrs. E had great difficulty (due to her paranoid tendencies) in forming alliances within the group. However, on occasion Mrs. E and Mr. J (the group's deviant member) did pair in a kind of mother-son combination.

Rejection of Deviant Member: Through his irrelevant verbal rambling and immature behavior, Mr. J has caused the group to heap

scorn on him. He was often told, "the stuff you are talking about is a lot of junk -- you're boring us stiff." Although Mr. J's tedious behavior patterns seem to be very deliberate attempts to gain attention at any cost, they went beyond the bounds of their productivity. At one point Mr. J dynamically was out of the group. No one missed him when he was gone (he was often late for meetings) and group members seldom listened to him when he was talking. By pointing out the dynamics of Mr. J's role in the group the therapist was able to help him to re-enter the dynamic flow of the group. The therapist suggested that he speak only when he had something relevant to say. Mr. D said to Mr. J, "Yes, put your brain in gear before you use your mouth." The therapist suggested that the group could be of great service to Mr. J if they would confront him with the fact that he was wasting time and "boring them stiff" when he went off on one of his irrelevant tangents. The group has proven to be very helpful in interpreting to Mr. J what is appropriate (and rewarding) social behavior in a group. Cartwright and Zander state

If the pressures for uniformity are too strong to allow ready changes, and an ordinary member persists in his deviancy despite pressures upon him to shift, a group has a potent means at its disposal: it may redefine the boundaries of the group so that the deviant is excluded, thus protecting uniformity among the members.⁵

They go on to point out that the pressures toward uniformity are both a help and a hindrance to the group. "The standards reduce confusion

⁵Dorwin Cartwright and Alvin Zander (eds.), Group Dynamics: Research and Theory (New York: Harper and Row, 1960), p. 178.

and wasted effort, but at the same time they often cause uneasiness, inflexibility, and a reduction of creativeness among members."⁶ In the case of Mr. J the group quite properly could not afford to spend all of its time working with his irrelevant talk and irresponsible actions. The above-mentioned problems presented by Mr. J were, of course, precisely the things that he needed help in overcoming. By rejecting Mr. J's irrelevant talk and impossible behavior, they forced Mr. J to recognize his deviant position. For perhaps the first time in his life Mr. J was able to see why he was always finding himself an outsider in interpersonal relationships. One evening when Mr. J had neglected to bring his counseling fee and had not lived up to the terms of his agreement, the group (with the therapist's permission) literally told him to go home, get his money and do his assigned work and then come back to the group. One group member said, "I don't know if Mr. J will ever learn. I'm tired of messing with him." Mr. J, realizing his precarious position in the group, followed the group's directions. He went home and performed the tasks of his agreement and returned for the closing minutes of the session with his counseling fee in hand. In the final sessions of Group B, Mr. J, although still considered a deviant from the established group pattern, had received a great deal more acceptance than he had previously experienced in the group. His behavior in the group had shown a marked improvement.

⁶Ibid., p. 179.

Role Behavior: In Counseling Group B the role behavior of various members was extremely interesting. At this point, as in many other places, an understanding of group dynamics proved to be helpful in discovering and understanding the particular difficulties in living faced by individual group members. It is, of course, assumed that there is a strong similarity between a role that a client takes in a therapy group and the role that the same client takes in other interpersonal situations. Hubert Bonner suggests that roles can be defined only in terms of describing the person who occupies that particular role. He also says:

Status (also called position) and role are inseparable. It is a set of rights and duties, as Linton pointed out. These rights and duties determine the individual's "place" or position in the group or community. In view of this position or status, the individual can expect, through a long process of socialization, certain forms of response and behavior from others, and others in him, can anticipate definite reactions from him, for these responses or reactions are determined by the set of rights and duties embedded in the culture.⁷

In group therapy situations a client is permitted to gain a conscious awareness of his role. He is able to examine what he expects from others as well as why he expects it. In the author's opinion a group therapist can be of great value to a client if he refuses to allow the client the privilege of permanently retaining in the group the role to which he has become accustomed. Bonner points out that in the early stages of an individual's development

⁷Hubert Bonner, Group Dynamics: Principles and Applications (New York: Ronald Press, 1959), p. 375.

the individual begins to experiment with the taking on and playing out of the roles of others. He states

The human self develops in the process by which the individual becomes an object to himself, or in the process of taking the role of another person, by means of which he learns to understand the point of view of the other. A child becomes a functional member of a group when he can take other people's roles. This is distinctly seen in the child's participation in games...the game ...represents the passage in the life of the child from taking the role of others in play to the organized part that is essential to self-consciousness in the full sense of the term.⁸

In many ways group therapy seems to be similar to the childhood games to which Bonner has drawn our attention. It is the therapist's role to insist that therapy be played according to its rules. One of these central rules of therapy needs to be that a client is free to experiment with new roles (patterns of behavior) within the structure of the group therapy "game." The therapist is also responsible for seeing that a client's old role-in-the-therapy game is stopped in order that the client may channel all of his energy toward fully developing his new, emerging, more adult and responsible role within the therapy setting (game) and within society in general.

In Counseling Group B Mrs. E attempted to change her role of a confused, irresponsible, and self-contradictory Mother to the role of a hard-working Adult who is consistent, responsible, and who sticks to the task at hand even when the going is difficult. Mrs. E seems to be midway between these two roles. Mrs. E's past therapy

⁸Ibid., p. 376.

and the current group pressures seem to have strongly motivated her to move toward being a more responsible person. An additional problem in Mrs. E's case (as well as with other members of the group) is that "significant others" outside of the group have become accustomed to having Mrs. E act irresponsibly. Because in many ways they have contributed to her irresponsibility (and have reaped secondary gains from it), they are extremely reluctant to allow her a free hand to live out her new role in their presence. Mr. J's role difficulties are in many ways similar to Mrs. E's. However, because of Mr. J's youth and the fact that he has a very small circle of "significant others," it may be possible for him to change or enlarge his circle of meaningful interpersonal contacts so that they will include several persons who will "expect" him to take a much more adult and responsible role in their presence.

Group Cohesiveness: Because of the early unstable membership (movement in and out of the program), group cohesiveness was slow in developing. In a study reported on by Stanley Schachter, Norris Ellertson, Dorothy McBride, and Doris Gregory, cohesiveness was defined "as the average resultant force acting on members to remain in the group. The valence of the group derives from at least two sources: the attractiveness of the activities mediated by the group and the attractiveness of other group members."⁹ With the exception of the S's, all of the members of Group B were at least

⁹Cartwright, op. cit., pp. 154, 155.

partly motivated "to get at the heart of the problem" that they faced. Mr. T and Mrs. E came to the group with an acute sense of need and were highly motivated. It seems to the author that the motivation of the majority of the group's members to resolve their problems, in addition to the conviction that counseling could help improve their life situations, contributed to the overall attractiveness of the group. It was obvious that with the exception of Mr. J (the group's deviant member) the membership found each other to be attractive personalities. In addition to the above-mentioned factors, cohesiveness seems to have been promoted through the mutually listed agreements of the group.

Boundary Testing: The membership of Group B frequently engaged in what group dynamicists refer to as boundary testing. George Bach states that "therapy groups grow from an initial interpersonal testing phase to a fairly stable clinical work phase."¹⁰ Bach goes on to equate boundary testing with "the group formation processes."¹¹ In Group B Mr. D was in the habit of testing out the therapist's and the group's concern for him by making the assertion "I don't think that I'll come back" (to any more meetings). Mr. D had experienced rejection from his parents and guardians for his anger and rebellion toward them and thus it was very important

¹⁰George R. Bach, Intensive Group Psychotherapy (New York: Ronald Press, 1954), p. 268.

¹¹Ibid., p. 269.

to him that he find out whether or not the group really wanted him. Mr. S and Mrs. A engaged in thinly-veiled mutual seduction. They needed to discover that this type of resistance would not succeed in keeping the group from growing into a meaningful therapy work group. Mr. J, who has a pattern of collecting rejection from people with whom he becomes involved, tested out the boundaries of the group with his exasperating behavior (lateness, poor grooming, etc.). He was told in no uncertain terms that the group didn't accept such slovenly behavior. Recently he has shown a willingness to abide by the social standards of the group. During the final sessions his behavior in the group was more appropriate.

III. COUNSELING GROUP C

Background Material on Counseling Group C

The membership of Counseling Group C was drawn from a young married couples class which meets at a middle class Protestant Church in Southern California. The class had been in existence for approximately one year when the author began working with the group. The forming nucleus of the class came from another young married couples class in the Church referred to as the Searchers. The founders of the Group C class were motivated to leave the Searchers and form their own class for two reasons. First, they tended to be younger than the majority of the Searchers (generally speaking, Class C members are 20-year olds whereas the Searchers are 30-year olds). Second, the founding nucleus of Class C was displeased with

the material discussed by the Searchers and its teacher, the Reverend Mr. B (the church's Pastoral Counselor). Several members of Class C reported with a great show of disgust that "all the Searchers ever talk about is sex." With the blessing of the church's pastor, the anti-Searcher movement solidified into a new class. The early thrust for the formation of the class came from T G and his wife, S G. T G reveals marked paranoid tendencies along with considerable leadership ability. T G became the first president of the group and immediately set about trying to build and give structure to the group. However, the structure that T G had in mind for the group (and most of the founding members shared this plan) can be described as being basically anti-Searcher. After an initial period of casting about for direction, the group decided that they needed an "adult leader" (their phrase) to help them get something out of their group. After a period of inviting several church leaders in to "teach lessons," they decided on accepting Mr. H H as their permanent teacher. With regard to his being asked to function as teacher for Class C, Mr. H H said, "They didn't really want a leader and I'm as close to not being a leader as they could come." Mr. H H, a sensitive and well-educated man, is nevertheless poorly equipped for leadership. His own insecurity puts him completely at the mercy of the group. Although a man of high convictions, his need to please (and be accepted) make it impossible for him to share honestly with the group. He constantly was in the habit of apologizing for his own lack of ability.

The author was introduced to the group in February, 1966. One

of the Assistant Ministers at the church (the author's immediate supervisor) had the responsibility of explaining the author's proposed project to the group. In retrospect it seems as though the class initially did not clearly understand the project. In a sense the project was forced on them by the church's staff.

The author's stated purpose in working with the group was to act as therapist or communications facilitator within the group in order to study the effect of group therapy and group dynamics approaches on individual personalities within the group as a whole. The author's basic hypothesis at the time that he was working with Group C was that church group membership would become more meaningful and more conducive to personality growth if the church groups were provided with the tools for developing depth encounters among individual members and between individual members and the group as a whole. The author saw his role in the group as serving as a leader (resource person) who would affect changes in the group by introducing rather radical new (and therapeutic) elements into the group. It was the author's hope that the Group C class would become a place where individual members could find intimacy and healing. Margaret E. Kuhn has pointed out that

Frequently one can change the spirit of a group, and the quality of its activities by introducing changes in the relationship between the members or in the relationship of the leaders to the members. The same person will act and feel differently and will produce quite different results.

Marked changes in group spirit or climate occur in relation to the behavior of the group leader.¹²

The author's first exposure to the Group C class came February 20, 1966. He was met with cold rejection. Although the class attendance was light (12 members in addition to the leaders), few members made any attempt to introduce themselves to the author. His presence in the group was obviously unwanted. The anger (prompted largely by fear) that the author felt directed toward him was only a small part of the anger that he observed in the group. In the initial meeting with the class the author took great pains to explain exactly what he had in mind for the group. Every explanation that he offered was severely criticized. He proposed that the group discuss how it felt about moving into what he termed a "personal growth experience." Several members expressed extreme anxiety about the whole project. In some of these members the anger that was expressed toward the author threatened to get completely out of hand. For the most part, T G was in charge of directing the attack upon the personal growth group project (although the actual content of the attack was painfully personal). The author tried to respond to all the objections that were being raised as rationally as possible. However, the author must confess that in the early stages of the project he had sincere doubts

¹²Margaret E. Kuhn, You Can't Be Human Alone (New York: National Council of the Churches of Christ in the U.S.A., 1956), p. 43.

concerning the feasibility of working with such a hostile group. About the time that all seemed to be lost (i.e., as the author anticipated a "no" vote on the class ballot that was scheduled on the proposed personal growth group experience), an interesting dynamic came into play. Several previously disinterested members began to attack T G and his fellow attackers regarding the blanket statement that T G and others had made about the group's opposition to the project. Several members sensed a chance to resist the coercive leadership of T G. They said that they disagreed with T G's statements about what the class wanted. One said that quite to the contrary to what T G had said, "We did not seek out Class C because we had anything against Reverend B...in fact, the kind of project that Mr. Zavitz is suggesting sounds exactly like what we need to give our group depth, we don't have any now (depth) -- we just go around in circles." Several other voices chimed in with what had at first seemed to be a minority opinion. However, when a vote was taken it became apparent that the number of persons opposed to T G's leadership was actually a majority. With few exceptions everyone voted to go in the proposed personal growth group program. The "yes vote" for the program was in reality not an indication of the group's interest in the program, but rather was a blow at T G, their authoritarian leader.

For the three sessions following the author's initial meeting with the class the author functioned as an observer recorder

(a procedure agreed upon in our initial meeting). During these three observation sessions, the following dynamics were observed:

(1) The class made every attempt possible to avoid intimacy (Bion's fight-flight dynamic). The class was structured to include a long opening (unplanned) worship program presided over by T G. The class had a coffee urn and donut tray in the classroom that was frequented when the anxiety level of members became so high that they couldn't sit still (even in the middle of the worship program). By the time the worship and coffee-drinking part of the morning was over, the allotted class time (it's sandwiched in between two church services) was nearly exhausted. When T G would eventually turn the class over to Mr. H H, as little as 5 to 20 minutes would be left for H H's "lesson."

(2) There seemed to be an unwritten agreement between H H and the class that the material presented would be as toothless (unthreatening) as possible. For several weeks H H had been teaching lessons on the following "attitudes of Jesus":

- (a) Be humble - teachable
- (b) Have faith
- (c) Be honest
- (d) Be pure
- (e) Have right attitude toward material things
- (f) Have courage
- (g) Be practical

The following is a condensed verbatim from a lesson entitled "Have courage."

H H -- Well, there is no time for the lesson (approximately 5 to 10 minutes remained).

Class -- murmur of agreement.

H H -- (Feels reassured by group support). For the new program (Personal Growth Group) we will need more time. Colin will need more time. How about running the class through one of the worship services since we decided that a week night isn't possible (the author felt that H H was sabotaging him at this point; to the best of his knowledge no group decision had been made about whether or not the personal growth group would meet at a time other than Sunday morning).

Class -- Murmur of reasons why the class could not meet through one of the church worship services.

H H -- Well, back to the lesson; Jesus was a man of courage. (H H stated several ways he thought Jesus behaved bravely). What does courage mean in our lives?

S G -- It takes courage to stand up for what you believe.

D A -- Courage is not allowing foul language. (D A talked about the way he witnesses to his business associates while they are playing golf together). I never say so, but they know I don't swear. This is the way it should be all the time, we should always make a subtle witness for Christ.

T G -- To be courageous means to have courage in your own convictions. It's OK to convert others, but we can't be converted by them.

H H -- Yes! "Be ye not conformed to the world." (H H went on to tell proudly about his college-aged daughter who had refused to attend a party because there might be drinking there).

S G -- She will be rewarded for that. She will find the right kind of boys.

Class -- Murmur of agreement.

Bell rang to indicate the end of class.

S G -- I lost my Schofield Bible -- did anyone find it? -- It means a lot to me. (Class responded with no's.)

H H -- Our lesson next week is on how Jesus taught us to be practical. (Class leaves)

It's hard to believe that the above verbatim was collected from an intelligent upper-middle class group of young adults (many with college degrees) meeting in what many people consider a liberal and

creative church. It is beyond a doubt worthwhile to evaluate what can be done about helping people raise the level of group interaction above the level of destructive hidden conflict and rigid moralism contained in the above-mentioned group. Among those who have written on the subject of small groups in the church, there is a difference of opinion regarding what should be done with already existing groups. Robert Leslie believes that real therapy tends to take place more readily in groups that are clearly set up for the purpose of therapy.

Even in groups where some therapeutic concerns are present, it appears unlikely that very much progress can be made in therapy except as the intention is made quite clear...little really happens in a therapeutic sense where the goal is kept secret or is presented only by implication. Just as in a psychiatric setting the contract or initial agreement entered into by leaders and group members regarding the purpose of the group become the focal point for keeping the group centered on its task, so in any church group which hopes to accomplish therapy there needs to be a clear appreciation of the goal.¹³

Leslie says that "there is a feeling of inappropriateness" about using the regular groups of the Church as therapy groups.¹⁴ He suggests that the Church establish groups in addition to its regular groups for the declared purpose of group therapy.¹⁵ H. Walter Yoder, on the other hand suggests that we "help each of our existing groups become more therapeutic in their own activity and interaction... another alternative is to use existing groups and to grow out from

¹³Robert Leslie, "Group Therapy: A New Approach for the Church," Pastoral Psychology, VI (April 1955), 10.

¹⁴Robert Leslie, "The Uniqueness of Small Groups," Pastoral Psychology, XV (June 1964), 34.

¹⁵Leslie, "Group Therapy...", p. 10.

them into fairly intensive experiences of group therapy and learning."¹⁶

Group C's Therapeutic Experience

In general terms, the entire special five month program of Class C could be described as a personal growth experience. However, for purposes of this study, when the author is describing the group's personal growth experience he is referring to the Sunday evening meetings that met for the expressed purpose of therapy. In describing the total experience of Group C the dynamics of both the Sunday morning and Sunday evening (as well as additional shared social events) would have to be described. However, for the most part only the dynamics of the Sunday evening group will be described here. An exception to this rule will be when material from the Sunday evening sessions becomes relevant to what has happened in the Sunday morning session.

At the end of the three-week observation period the first Sunday evening meeting took place. As the author has already indicated, the class had elected to go into the proposed personal growth group experience with considerable reluctance. Their fear of the uncovering nature of such an experience came out in their hesitancy to commit themselves to a time and place for our first meeting. It was finally decided that we would meet on Sunday

¹⁶H. Walter Yoder, "Solving Problems in a Church Group," Pastoral Psychology, VI (April 1955), 31-36.

evenings in members' homes. Mr. and Mrs. H H offered to serve as host and hostess for our first meeting.

Dynamics

The early power structure of the group was clearly observable. The class president, T G, and his wife, S G, along with D A (and to a much lesser degree his wife, S A), seemed to be the driving force behind the group. In addition to these two couples, a third couple, B F and B A F, played a significant part in the power structure. B F had status in the group due to his "high position" in a major company (he is a promising young executive). His wife, B A F, had a position of power in the group because, in addition to being the wife of a highly respected member, she was a chronic gossip who was known for her cruel tongue (which was but thinly disguised in pious and moralistic jargon). B A F was at the same time the most feared, hated and, in a negative sense respected, person in the group. Because of her feared diatribes against sin and sinners, the whole group (including her husband) cowed before her. B A F exerted power by her show of emotional insecurity (which was passed off by B A F as a manifestation of devoted Christian zeal). B F and B A F left the group because of B F's transfer to another city. After the departure of the couple, the real power in the group seemed to reside with T G and his wife, S F, and with D A. In addition to the above-mentioned power structure, Mr. H H and C E (a young school teacher) exhibited rather slight ability to influence the group through their passive-aggressive behavior. The Group C power structure for the

most part followed socio-economic as well as personality lines. The group's power structure came from the middle class junior managerial strata of the class. Persons from the working class without any college experience were delegated to second-class membership. The members of the power structure continually talked about what was required to get ahead on their jobs, their responsibilities, their training, etc. Part of the reason for this vocational small talk seemed to be to clarify the distance between the class' "managerial" leadership and its working class members. The power group tended to be patronizing in its discussion of non-professional and non-managerial vocations. This, of course, caused hostility between the "in" and the "out" groups which further widened the gulf between them. The patronizing manner, the shop talk, and the discussion of future vocational plans by the Class C power structure can be seen as a desperate attempt to structure the location of various individuals within the group. Because of the newness of the group and the youth of the members, socio-economic distances between the members of the group were not as large as the power structure would have liked them to be. The departure of B F, greatly intensified jockeying for position in the group. Cartwright and Zander state that "When a group acquires some stability in the arrangement of relationships among members, it may be said to be structured."¹⁷ Class C has not completely finished structuring itself. In the

¹⁷Cartwright, op. cit., p. 643.

group's therapy experience the structure of the group was continually being changed. Because the group learned to reward honest insight and to confront manipulative behavior, a new measuring stick came into being.

At the beginning of the evening project, several group dynamic phenomena were clearly observable. The most obvious of these was the phenomenon of sub-group. Although the author was not aware of it at the time (during the period in which he had been acting as an observer-recorder), several members of the Class C had met frequently to plan a rebellion against the proposed project. This sub-group seemed to cut across the power structure lines. The rebellion sub-group was led by T G. He was able to draw considerable support from several low status members who apparently saw a chance of expressing hostility and at the same time possibly changing their location in the group. As the group moved through its early phase of resistance toward the author and began to direct more of its attention to various members of the group, new sub-groups began to emerge. These sub-groups tended to take the shape of suddenly-formed intense friendships that were carried outside of the group. Several of the members proudly reported to the group as a whole that they were getting together for golf, bridge, and dinner. For the most part, the sub-grouping seemed to take place among the power structure of the group (who felt that they had the most to lose in an uncovering therapy situation). One could not help but get the feeling that the new intense friendships formed and boasted about

were really a way of saying to the group, "Look at me. I'm popular, I have friends, this therapy experience doesn't make me the slightest bit anxious."

In a sense the entire evening group (80 per cent of the class as a whole) became a sub-group of the larger class membership. Members of the class that did not attend the evening sessions complained of being "lost" and "left out" (many of these individuals began attending the evening sessions). In Class C the sickest members avoided the evening therapy sessions. (This was something that had not been anticipated). As the evening sessions progressed, the group lost its evangelistic fervor ("Let's get more people into the class") and began to seriously worry about non-participating class members who might start attending the evening sessions. (They will slow us down -- they don't understand what we are doing here -- we will have to work through all of this stuff [resistance to therapy] again.") The group became extremely rejecting of members who were opposed to "our group."¹⁸

In discussing the role behavior of the Class C therapy group, it is important to realize that "a role...is always an individual action. It is enacted by an individual but in a group setting."¹⁹ It seems to the author that one of the reasons that group therapy

¹⁸Stanley Schachter, "Deviation, Rejection, and Communication," in Cartwright, op. cit., p. 284.

¹⁹Bonner, op. cit., p. 373.

can be helpful to an individual is that he carries his "role" (the way he sees himself -- and what he expects to receive from others) into the group with him. In many ways our "roles" help us to set up the people that we are in contact with in such a way that, while they play into our neurotic patterns of interaction, we nevertheless have to pay the price of sensing that our relationships leave much to be desired. It has been the author's experience that many people are deeply grateful to have someone show them why people in a group continually react to them in the same way. It is the author's opinion that an understanding of "role" is helpful in understanding why the transference-countertransference phenomenon is so common in groups. In Group C C E repeatedly played out what the group called "I'm a nice little boy if you treat me right role," or what C E himself referred to as a "grandchild role." The following verbatim, taken from a tape recording of our tenth session, may be instructive at this point. C E is a twenty-four year old short, stocky, jovial-looking elementary school teacher. In Eric Berne's terms he is a person with an enormous child. When C E is observed, he is either playfully involved in some activity or else he appears detached or sulking. Two weeks earlier, C E had sulked for the entire evening (in earlier sessions he had appeared playful). In reply to a question that had been directed to him, he responded by saying that he was bored. He indicated that he might not come to future meetings of our personal growth group. Two weeks later (C E missed one session) the group felt much less insecure about C E's threat to

leave the group because he was bored (i.e., because he wasn't played with).

D A -- I'd like to ask why S E and C E are here. What brings you by? (asked with a ring of sarcasm)

S E -- (Wife of C E -- in a motherly way rushes in to rescue her husband) I've got a lot out of the group. I'm more honest.

C E -- (Refuses to answer -- several group members feel the anxiety level go up and start to talk to each other approvingly of S E's comment. C E still refuses to answer and the group members stir their tea causing great noise. It is very unusual to have C E pushed in this way.)

D A -- You guys sort of let C E off the hook, didn't you?

C E -- (Looks at the floor and refuses to respond -- finally:) What I really want is something to hold on to. I'm looking for someone to associate with. (C E is from the Midwest and has no family and few friends here in California.)

At this point the group, sensing that C E had said all that he felt he could say, left C E and got involved in a heated argument. S G (one of the group's most involved members), who was unhappy that she had not received any attention recently, said "I'm bored." The group immediately ridiculed S G's claim to be bored.7

S G -- C E had the opportunity to say he was bored -- he didn't care about it -- boy, everybody just wanted to make sure that everybody saluted him -- now that I'm bored, everybody says, so what! -- We could care less. (group laughter)

Group moved back to discussing C E's boredom. They are not afraid of hurting him as they were before.7

T G -- C E's boredom is not really serious. He's just off in his own little world having a ball.

C E -- Yah, I can be a million miles away. I can just shut things off. (He went on to tell about how his students -- 7th graders -- do the same thing that he does. He told about how he hated to have to punish his students for their childish day-dreams and good-natured pranks.) I feel like I'm punishing myself.

C -- C E, I get the idea that you get as bored with school as your students and sometimes would like to just go outside and

play with them.

C E -- Yes, I've got several (students) that I feel that way about. (C E went on to tell about several friendships that he had formed with his 7th grade students, although he knew it was wrong to do so. C E went on to say that what he really enjoyed was a good argument -- even with his students. S E said that her husband often took crazy political and religious positions just for the sake of an argument.)

C -- C E, does this tell you anything about the way you operate in the group?

C E -- Yes, kind of -- but I'm not sure.

S A -- He wants to spar with us. (The group here argued about whether or not it is possible to pick an argument in the group.) Yes, you (C E) don't get any fun out of it. We either take you dead serious or we'd get upset, and you wouldn't have any fun.

S E -- He has fun when you do take him seriously.

C -- S A, I agree with your point about the group being the kind of place that games can't be played -- or at least where you can't really enjoy the games as much.

C E -- Yah.

C -- The games get analyzed and that destroys them.

C E -- Yah.

C -- C E, if you could describe this group with one term, with a family label, what would you label it...what kind of feeling do you get in the group.

C E -- Ummmh. (pause) Do you mean the personality of the group?

C -- Yes.

C E -- I guess I would say the role of a grandparent.

C -- What's the role of a grandparent?

C E -- Well, kind of the kind of person that you go over to their house and they give you cookies -- like when someone's talking and a proud grandparent says, Hey, listen to my grandson, he's my pride and joy! (C E's playfulness and passivity does get

him this kind of response from the group -- they do feed him cookies.)

C -- You know, grandparents are very indulgent. They like little boys that play games. I think that we have been trying to keep you happily playing games and at the same time making sure that you get lots of ice cream.

C E -- I think so.

C -- I believe you set the group up to be very supportive -- to indulge you.

C E -- OK.

C -- When we get very involved with S A or T G, etc., we don't bother with you -- not that we don't like to pay attention to you -- but anyway you sulk and are angry that you're not getting the support and attention that you want.

The group went on to point out to C E that although they enjoyed him, they didn't like to be manipulated by his sulking. They indicated that if he wanted attention, he could participate like everyone else.⁷

It was the author's opinion that C E's passive-aggression was harmful to himself and to the group as a whole. C E is a creative and likeable person, by stripping him of his manipulative passive-aggressive techniques, we not only lowered the anxiety level of the group (they no longer have to allow themselves to be conned by C E), but also allowed C E and the group as a whole to be more creative. The "if you don't play my way I'll take my ball and go home" block to interpersonal interaction has been at least partially removed. This observation was supported in a later meeting when C E started to sulk (passively manipulate the group). S A, on that occasion asked if C E was pulling another "grandpaw" on us. C E laughed and said, I guess so.

Counseling Group C became a very cohesive group. Members

freely offered their homes for meetings which were faithfully attended. On its own initiative the group has devoted itself to reforming the morning class sessions around personal growth principles. The Sunday morning leadership was structured so that it would rotate with each member taking his turn at presenting a depth Bible study. The group members liked to relate proudly to each other (and to interested persons outside the group) their perception of "tremendous changes" that had taken place in the direction (attitudes) of the group. An unfortunate note in the group's newfound cohesiveness (it had very little before) was that the group tended to be intolerant toward deviant members (non-participating fellow class members who were frightened by the prospect of therapy).

The first boundary testing came during the period of early resistance that was exhibited in the form of open rebellion against the therapist. The first boundary that the group found out about (by their own admission) was that the therapist couldn't easily be shocked or run off. Because of the respect that the therapist earned by putting up with three weeks of hell, the group came to see him not as an uncovering villain but as a good Father who would serve as a group protector who would keep things from "getting out of hand." This was a great change from the meeting where B A F screamed at the therapist, "How does it feel to have everyone hate you?" The group never completely emerged from its boundary-testing stage. However, they did learn that honest feelings can be

expressed, that pain and joy can be shared, and that greatest surprise of all -- they could begin to trust each other.

The leadership patterns in the group were in a constant state of flux. There were several levels of leadership. Mr. H H gave up his status as "teacher" and assumed the role of a kindly older brother (despite a 20-year age difference, Mr. and Mrs. H H entered wholeheartedly in the personal growth group experience). T G and D A are now jockeying for the top leadership position in the group. (D A seems to be winning a clear victory). C E is the new titular head (president) of the group.

However, as would be expected, the therapist exerted strong leadership in the group. Since the therapist realized that he would be leaving the group at the end of the personal growth group project he continually tried to work himself out of a job. The therapist was greatly interested in having the group continue to be a cohesive and therapeutic group after his departure from it. However, surrender of leadership proved to be a very difficult task for the therapist. The author enjoyed being the group's therapist and Father Confessor. In order to prepare the group for his leaving and at the same time to help them work through their leader dependency, the therapist tried to do several things. First, he encouraged post-sessions similar to those discussed by George Bach.²⁰ Second, he had tried to increasingly practice leadership

²⁰ Bach, op. cit., p. 108.

by default (but, as the reader can see by the verbatim, this was not always accomplished). Third, the therapist took no responsibility for anything that the class did outside of the evening therapy sessions (e.g., the morning class, socials, etc.). Fourth, in as many ways as possible the author sought to be open and honest with the group about his own motives and problems. (On one occasion he even modeled in Mowrian style what it means to give a depth Bible study that "speaks from where we are.")

Class C has experienced a good deal of dissonance, "The simultaneous existence of cognitions which, in one way or another, do not fit together [this]...leads to effort on the part of the person to somehow make them fit better (dissonance reduction)."²¹ On one hand they have been fed a heavy diet of moralism from B A F, S G and segments of the church. On the other hand, their aspirations are generally to be free and to live life abundantly. An example of this type of dissonance can be seen in a report that several members of the group gave the author of a "spiritual" retreat that ended up in a drinking party.

The goals of the group seemed to be to grow in Christian love as the members learned to confront and support one another. (However, because of alienation and neurotic interaction this goal has not been fully achieved). The group also is interested in making

²¹ Leon Festinger and Elliot Aronson, "The Arousal and Reduction of Dissonance in Social Contexts," in Cartwright, op. cit., p. 214.

a valid Christian witness within the larger congregation and the local community (the group has supplied tutors for a Wednesday evening tutoring school for a local poverty area). On the whole the personal growth group project did not cause any significant improvement to be made in the class' "Christian (social) witness." The class now seems to be only slightly more involved (integrated) with the congregation and the community.

During the special project, member involvement in all group functions was high. However, the special project in some instances did limit member involvement. Class C has members that were willing to participate in all class activities with the exception of the personal growth group. It was extremely difficult to keep the personal growth group from regarding these persons as second-rate members. Individuals in the personal growth group from the working class had much more difficulty maintaining a meaningful involvement with the group than did the college-educated members.

The role of religion in the group was often confused with moralism. S G, in a serious depth Bible discussion once asked how it was possible to really live a good happy human life and still be a Christian that is supposed to be not of this world. However, in all our group activity an awareness of forgiveness and reconciliation never seemed to be too far away from the issues being discussed. The same member who in an early session of the group complained that in the whole meeting she had never heard Christ or God mentioned by the end of the project was talking about the spiritual growth that she

had received from our group.

The group climate was warm and friendly. The author personally enjoyed the group. By the end of the project there was enough acceptance in the group that we could safely confront one another on most issues without fear of rupturing the group.

In the opinion of the author, Counseling Group C was successful in a limited way. As a result of the personal growth experience, the participating members did grow into a cohesive, meaningful group. However, in terms of facilitating significant therapeutic change within individuals the group experience left much to be desired. A more complete evaluation of Group C's effectiveness as a Pastoral Counseling group will be contained in the next chapter.

CHAPTER V

CONCLUSION

I. AN EVALUATION OF COUNSELING GROUP A

As the author has already pointed out in the description of Group A, many of the shortcomings of the group resulted from the brevity of its existence (ten sessions), the lack of a clear and consistent structure (directive and contractual procedures were not effectively used), and the therapists' inability to be open with the group and in turn to demand openness from the group. Group A for the most part was conducted according to the passive and permissive principles of analytic and group-centered therapy. It was only after the therapists realized that if the group retained its analytic and group-centered approach, it would in all probability not be an effective behavioral change agent that passive and permissive procedures were abandoned. The group's therapists sensed that, due to their lack of experience with analytic procedures, and due to the time-limited nature of Group A, if the major part of the group's time were spent uncovering, exploring and interpreting clients' inner conflicts (something the therapists were poorly trained to do), several members would see this analytic activity as an opportunity to play the "therapy game" (deal with past material) and thus avoid giving serious attention to the problems in living which had originally brought them into therapy. In any case, Group A's therapists learned, as a result of the early

negative (dead end) experience of the group, that it was more profitable to deal with real and readily-observable present conflicts than with client fantasies and feelings. In the latter sessions of Group A "here and now" material from the group experience (e.g., Mr. A's manipulation of the group) was exclusively dealt with by the group and its therapists. Because the therapists did not emphasize open and contractual procedures, little pertinent material from the members' current life experiences outside the group was presented.

One of the reasons that the group members could not be open with the group was that openness had been both overtly and covertly discouraged by the therapists. Although the therapists appeared to be willing to deal with "depth material," this was in effect mere pretense. In the first place, the therapists were unable to be open with the group and with themselves regarding their very apparent (and therapeutically destructive) rivalry for group leadership. In the second place, because of their inexperience with groups, the therapists did not fully appreciate the supportive aspects of group therapy and thus were afraid that absolute openness would lead to irreparable psychological traumas. The therapists were afraid that openness might cause Mrs. E and Mrs. K to experience psychotic episodes; Mr. G (a homosexual), Mrs. G, and Mr. A (both had acted out sexually) to suffer group rejection; and Mr. A (who was then involved in an extramarital affair) to be divorced from his wife. All of these fears (fantasies on the part of the therapists)

in later group experiences were proven to be unfounded in reality.

The only significant therapeutic gains of Group A resulted from its supportive-socializing influence and from its use of confrontation within the group. Although the confrontational aspects of Group A originated from the therapists' frustration with the group and from their partially hidden hostility toward each other and towards group members, it nevertheless proved to be an effective procedure. Mr. A and Mrs. E were both helped to become slightly more responsible (within the group) as a result of confrontational criticism from the group.

II. AN EVALUATION OF COUNSELING GROUP C

It is the author's opinion that Group C, while superior to Group A, was not as effective a therapeutic experience as was Group B. For this reason, an evaluation of Group C will precede an evaluation of Group B. Group C became a cohesive and meaningful group but it did not mature into a dynamic work group capable of affecting significant therapeutic change in the majority of its members. With few exceptions, Group C members did not exhibit outside of the group any significant improvement in interpersonal relations. While it may be assumed that improved communication, cohesiveness, and analyzed behavior within the group would also improve members' interpersonal relationships beyond the membership of the group, in Group C this assumption for the most part cannot be supported clinically.

Some observable improvements did take place within marriages in the group. The marital relationships between DA and SA, CE and SE, HH and NH showed slight improvement (which resulted mainly from improved communication). The marital relationship between SC and JC showed marked improvement.

Within the group all members with the exception of BAF (and to a lesser extent RB and JD) improved (clarified or enriched) their relationships with other group members. The author has no data on improved relations beyond the group itself (e.g., with parents, friends or employees).

In most instances individual problems in living (with the exception of increased communication with spouses) were not significantly improved. At the close of the group experience DA remained hostile and compulsively competitive, SA was still struggling to give appropriate affective responses that would overcome the "shallow" mannerisms she used to hide her real feelings, RB still revealed hostility to authority figures and an inability to relax and enjoy his marriage (at times RB exhibited paranoid characteristics), CB still lived with a fear of desertion by RB and her mother, JD was able to relax but slightly her neurotic defenses against free sexual expression (this continued to be veiled in the garb of moralism). SE was still relatively unable to express negative feelings and to relinquish her "motherly" control over her husband. BAF, the group's most disturbed member, continued to express her anger through verbal attacks and gossip.

TG, while improving his relationship with his wife, continued to manifest marked paranoid characteristics.

The most improved members of the group were CE, SG, and NH. CE took significant steps to overcome his self-defeating passivity. He began to experiment openly with ways of becoming a mature leader. SG used the group experience as an opportunity to develop new ethical norms. She became much less moralistic. NH became more free to confront her husband and others with what she really wanted.

The author believes that one of the reasons it is hard to evaluate the "success" of Group C is that clear-cut means for evaluating improvement were not built into the project. A questionnaire was given at the beginning and end of the project (which dealt with individual feelings and attitudes), however, it failed to indicate any significant change in the group members.¹ This author is convinced that the most significant change that can be observed from effective therapy is in terms of improved interpersonal behavior. Because Group C was overconcerned with feelings and attitudes, it failed to strongly insist on demonstratable behavior change. Thus there was little. The author is convinced that Group C did not affect widespread behavior change because it, at least partially, lacked the "New Group Therapy" open, directive, confrontational, and contractual characteristics. In Group C "sins" were confessed privately to the therapist with the understanding that

¹See Appendix.

he would not divulge them to spouses, or to the group. This seriously limited the group's therapeutic attention to certain crucial problems (usually sexual). The author added to the "secretiveness" of the group by at times playing the role of therapist rather than risking to be truly open and authentic with the group. Since the group and its therapist were overly interested in feelings and at the same time refrained from discussing individual "secrets," little constructive advice on what individuals could do to improve behavior was given. Individuals were not obligated by contract to make restitution for "sins" or to take some other concrete steps to improve their interpersonal relations. Although there was considerable confrontation within Group C, the group's lack of openness sometimes caused required confrontation to be either absent or unnecessarily shallow.

Group C tried to build community (overcome alienation) but it chose to do so by continuing to maintain (with group sanction) many of the old defenses that had originally caused that alienation and isolation (i.e., secrets, fear of openness, etc.).

Evaluation of Group C Progress Through a Questionnaire

The same questionnaire was filled out and returned by fifteen members of Group C.² These fifteen persons completed the questionnaire at the beginning of the personal growth experience and

²See Appendix.

again five months later at the end of the project. In addition to the fifteen members that completed the questionnaire at the beginning and end of the project, other Class C members completed the questionnaire only once. The results of members who completed the questionnaire only once will not be considered in this evaluation.

The author had assumed that at the end of a five-month period Group C members would show significant change in attitudes, feelings, and behavior that would be reflected in the questionnaire. However, this was not the case. In the author's opinion the second questionnaire showed little significant statistical change from the first questionnaire. The changes in feeling and attitudes that are suggested by the questionnaire had to do primarily with self-perception, I a, b, c, d, e, i, VI h; evaluation of one's ability to communicate what one really wants and feels to others, IV e, VI e, i, j; evaluation of the essential nature of the group, II a, c, f, g, IV b, g, h, VI a, h, i, j; evaluation of group leadership, III a, b, d, e, h, i, j. On the basis of the questionnaire responses, the author drew the following generalizations. Members came to have a more realistic opinion of their personal worth (less grandiose) and felt that they were better understood by others (improved communication). An interesting corollary to the improved communication mentioned above was that group members began to recognize strong negative feelings toward each other that had previously been repressed (e.g., II h). The group came to see its primary purpose more in terms of a fellowship group (rather than a

group for religious study or pietistic worship). Despite the therapist's active attempt to push the group toward becoming a therapy work group, this did not materialize. The group, sensing great dangers in becoming an open and confronting therapy work group, consistently moved to stress the social aspects of the group. It seems to the author that the group's fellowship interest was more than a resistance to therapy. The group, realizing that at the end of a five-month period they would have to return to being a more-or-less conventionally-structured church fellowship group, was anxious not to make any daring self-revelations or confrontations that might damage their social status in the class or in the congregation as a whole. Because of an unresolved fear of gossip outside of the group, this caution is understandable. The group also came to feel that leadership should be group-centered and not content-centered. The main functions of their newly-conceived ideal leader would be to serve as friend and confidant to all the members in a way that would maintain group cohesiveness. Perhaps the most disappointing data obtained from the questionnaires was that many members felt that the personal growth group experience, while helping them to understand themselves and others better, did not help them to become more deeply involved in the congregation or community (e.g., IV e, g, j, V h).

III. AN EVALUATION OF COUNSELING GROUP B

With the exception of Mr. and Mrs. S, all members of Group B experienced significant positive behavior changes as a result of

the group experience. Because Mrs. S was entering into a psychotic episode (confirmed by a staff psychiatric consultant who was also seeing Mr. and Mrs. S), and because Mr. S was strongly opposed to making any changes that would improve their relationship, the therapist and group were unable to achieve any degree of involvement with or control over Mr. and Mrs. S. Their withdrawal from the group was unfortunate but seemingly unavoidable.

It is the author's opinion that, due to the New Group Therapy characteristics of Group B, the group was able to grow into a cohesive therapy work group. With the exception of Mr. and Mrs. S, all members began to take constructive steps to deal with their past failures. At the same time they carefully accepted, confronted, and directed each other toward ways in which they could deal responsibly with their present situation.

The author was pleased to observe that as the group members began to behave better (act more responsibly) they began to feel better. Mr. T experienced fewer periods of lethargy. His speech problem also improved as he struggled to speak and perform appropriately. Mr. J learned that he could receive attention and prestige by behaving as a mature heterosexual adult. Mrs. A gave up her longing for romantic alliances (and her positive transference toward the therapist) and began to work seriously toward improving her relationship with her husband, children, and friends. She was much less troubled by depression and self-criticism. Mr. A again became the family's principal breadwinner;

he ended his extramarital affair, and took several remarkable steps toward intimacy with his wife. Mr. D made partial restitution for his irresponsibility. He pledged himself to maintaining the kind of "Christian life" that would help him to keep from committing further destructive acts. The members of Group B were all encouraged to expand their social lives and their involvement in their respective churches (Mr. and Mrs. A and Mr. D affiliated themselves with different congregations where they felt they could be more open and make a more significant contribution).

The author was impressed that Group B was an appropriate example of Pastoral group therapy. The Group B experience will now be examined, not just as a successful therapeutic experience, but also as an appropriate approach for small group therapy in the Church.

IV. COUNSELING GROUP B AS AN APPROPRIATE APPROACH FOR SMALL GROUP THERAPY IN THE CHURCH

There are some rather obvious reasons for referring to the type of counseling done in Counseling Group B as pastoral counseling. First, the group's therapist was a pastor. Second, the group met in the facilities of a pastoral counseling center. However, while the above criteria are undoubtedly adequate legal criteria for referring to the counseling done in Group B as pastoral counseling, they are at the same time wholly inadequate for establishing a theological rationale for pastoral group counseling.

It has been the author's conviction for some time that the essential difference between pastoral counseling and all other forms of psychotherapy that use similar methodologies is the peculiar self-understanding of the pastoral counselor as being a minister of the Gospel as well as being a psychotherapist. In short, the pastoral counselor sees himself (and is seen by his clients) not just as a counselor but also as a pastor. However, the author also believes that therapy that is confrontational, contractual (covenant-making), open (confessional), and directive is more in keeping with a minister's pastoral function than is therapy that is predominantly passive and permissive. The term pastor is used here to refer to the shepherding task of the Christian Ministry. Seward Hiltner has stated that

The unique place occupied by shepherding in Christianity comes from the way in which our relationship to God and our relationship to our fellow men are regarded as inseparable. The Great Commandment of Jesus, 'You shall love the Lord your God with all your heart, and with all your soul, and with all your mind...you shall love your neighbor as yourself,' shows this relationship and of course emerges from our Jewish religious heritage. It became clear to Paul and others that this commandment followed upon the fact that God had first loved us. This is the basis held for the high position held by shepherding in Christian practice...³

In Counseling Group B the task of shepherding was shared by the whole group because the pastor-therapist realized that although he was designated as the group leader, God's healing and grace could

³Seward Hiltner, Preface to Pastoral Theology (New York: Abingdon Press, 1958), pp. 17-18.

flow through any human channel. In traditional terminology the entire group was engaged in what Protestants like to refer to as "the priesthood of all believers." The author has already commented at some length on Mrs. A's refusal to grow into a more mature and intimate relationship with Mr. A by maintaining that she could not and would not allow herself to begin to trust Mr. A. In the group Mr. T and Mrs. E had both suffered through recent divorces. They were both able to share with Mrs. A the pain they had experienced in their own severed marriage relationships. They spoke convincingly (and authentically) about how a trip through a divorce court failed to solve any of the great problems of hurt and alienation that they shared with their ex-mates. Mr. D, who is the same age as the A's son, expressed anger at the A's for behaving like children and not being able to find the courage to start forgiving and trusting each other. Mr. and Mrs. A tried to present a rationalization for their present state of marital disharmony. However, Mr. D could not accept their excuses as being a valid reason for remaining in a state of marital hell. He had experienced personally great pain at the hands of his parents who similarly could not forgive each other for a period of unfaithfulness. He had been raised in a loveless home and he could not accept the A's excuses for continuing to maintain a similar type of home. Mr. J, in many ways the group's most immature member, was able to pinpoint accurately one place where Mrs. A could begin to trust Mr. A. Mr. J's suggestion was made in

innocence and with a total lack of guile. It was not a suggestion that the A's could lightly dismiss.

The membership of Group B was able to profit from the priesthood of all believers because individually they knew they were living lives that did not come up to the level of their potentialities. They wanted and needed a shepherd to help them find their way through the narrow gate of the sheepfold that leads to authentic and courageous life. At the same time, because of their own experience in life (much of it painful), they had received great insights into the nature of authentic living. They were willing and able to share these moments of grace with a brother who was struggling with a problem similar to one they had already faced. It is the author's belief that the membership of Group B, along with their therapist (who sought at the same time to be a participating member of the group as well as a resource person), did indeed engage in a type of counseling that, in the light of our common Christian heritage, can best be described as being pastoral.

Although the shepherding function of Group B was shared among its members (and with its therapist), it is inaccurate to assume that the sharing of this pastoral function was indicative of a lack of structure within the group. Quite to the contrary Group B was a highly-structured group. This structure was vigorously adhered to by both the group and its therapist. Within the structure of the group (which consisted primarily of making mutual-agreement contracts, evaluating and analyzing individual

success in carrying out the agreement contracts, and in the light of the group's evaluation remaking [or continuing] agreement contracts) four major therapeutic motifs emerged that were strongly pastoral in their orientation. Group B made use of counseling procedures that were confrontational, contractual (covenant-making), directive, and open (confessional). It is the opinion of this author that these four motifs are highly appropriate to counseling that is designated as Pastoral Counseling.

Confrontation in Group B as an Aspect of Pastoral Counseling

The Church has traditionally recognized the need to speak confrontationally to persons "living in sin." The usual setting for this confrontation has been the church pulpit although occasionally church delegations have been formed to confront a brother member with the error of his ways by "speaking the truth in love." (Ephesians 4:15) Many persons recently have been troubled by what they sense to be an irreconcilable conflict between the confrontation that we have historically received from the pulpit and the "anything goes" kind of acceptance that many have associated with Pastoral Counseling. Howard J. Clinebell, Jr. has said:

Some people ask, "How can I be comforted?" when they need to ask, "How can I be confronted?" (by the demands of reality). The common, erroneous assumption that there is an inevitable conflict between the pastoral and the prophetic, between counseling and preaching, results from a false dichotomy -- acceptance versus confrontation. Confronting a person with reality can be, in certain circumstances, the

most accepting way of relating to him. This is equally true in preaching and in counseling.⁴

We need only consider the words of Jesus to the Pharisees (Matthew 23) or the rich young ruler (Luke 18:23) to see the crucial role that confrontation played in his ministry. Even a casual acquaintance with the Bible is enough strongly to convince one of the important place that confrontation has played in helping man enlarge his understanding of himself and his God.

The author has already made reference to the spreading epidemic of character disorders in our society. Because of the weak superegos of so many persons who see pastoral counselors, passive and permissive therapy often is about as effective in helping correct character disorders as is attempting to extinguish a glowing coal with gasoline. In speaking of the clients with weak consciences that a pastor sees, Clinebell says, "They have not internalized the culture's major values and therefore have not learned to control their impulses. Such 'character problems' sometimes stem from homes where weak parents mistook permissiveness for love and were unable to maintain stable limits or dependable discipline."⁵ He further describes how a pastor using a confrontational approach with a teenage girl (who was "acting out" sexually) stated:

⁴Howard J. Clinebell, Jr., Mental Health Through Christian Community (New York: Abingdon Press, 1965), p. 83.

⁵Ibid., p. 232.

that from his point of view, certain behavior is harmful to persons and therefore morally wrong. Using accepting confrontation he helped her face rather than avoid the probable consequences of her behavior. Most important, he helped her become aware of and work through her confused, lonely, rebellious feelings which provided fuel for the behavior. In reflecting on this experience, the minister realized that the girl was, by her behavior, pleading for some adult to set limits. In fact, this is probably why she had come to a minister.⁶

The author's experience with Group B strongly supports Clinebell's hypothesis that confrontational counseling is required with those suffering from character disorders. Mr. A and Mrs. D both showed sociopathic characteristics with regard to ignoring reasonable limits (Mr. A had been chronically dishonest, Mr. D's "acting out" had gone as far as manslaughter). Mr. T and Mr. J both revealed strong passive-aggressive character disorders. Mrs. E, though not specifically bearing the diagnosis of character disorder, did exhibit passive-aggressive traits. Mrs. A, though possessing a neurotic personality, also exhibited the "undersocialized" characteristics that Mowrer has proven to be a part of neurosis.⁷ All of the members of Group B made significant improvements (became more adequately socialized) partially as a result of the confrontational therapy employed.

Agreement Contracts in Group B as an Aspect of Pastoral Counseling

The term contract is a legal term. The term covenant is

⁶Ibid., p. 233.

⁷O. Hobart Mowrer, "New Evidence Concerning the Nature of Psychopathology" (Urbana: University of Illinois, 1966). (Mimeographed.)

usually understood to have Biblical or theological significance. George E. Mendenhall has pointed out that "theology and jurisprudence have a great deal in common. Both impose obligations upon the individual and the community; both are now faced with the problem of interpreting written documents as a basis for action, and both have to deal with questions of fact as well as judgments of value."⁸ It is the author's intention to follow the direction suggested by Mendenhall (that in the ancient world there was no differentiation between covenant and contract) and thus, for the purposes of this study, to equate roughly the terms contract and covenant.⁹ Covenants and contracts both involve the making of agreements and the defining of relationships and responsibilities between at least two parties. In Group B covenant relationships were formed when the therapist accepted and defined his responsibilities as group leader, when group members accepted their responsibilities to the therapist and the Pastoral Counseling Center, and when individual members made formal agreements with the rest of the group. In order to determine why Group B may be seen as a covenant-making group, we shall briefly examine the characteristics of covenants contained in biblical literature.

⁸George E. Mendenhall, "Ancient Oriental and Biblical Law," Biblical Archaeologist, XVII, 2 (May 1954), 6.

⁹George E. Mendenhall, "Covenant Forms in Israelite Tradition," Biblical Archaeologist, XVII, 3 (September 1954), 57.

Mendenhall points out that the covenant-making phenomena was very common in ancient Oriental nations. He suggests that Hebrew Biblical covenants can most appropriately be studied by comparing them to well-documented covenants that were made by neighboring nations, notably the Hittites.¹⁰ He states that in Biblical covenants we find relationships defined both between parties where only one party was bound to the covenant and between parties where both parties were bound to obey the covenant agreements.¹¹ Mendenhall observes that ancient covenants contain six major parts. First, the preamble that identifies the parties.¹² Second, a historical prologue that defines the past relationship of the concerned parties. He notes that this section is an "I-Thou form of address.... The covenant form is still thought of as a personal relationship, rather than as an objective, impersonal statement of law."¹³ Third, the stipulations (obligations) imposed and accepted by the parties.¹⁴ Fourth, provision for deposit of the covenant in the temple and for periodic public reading to remind the parties (primarily the vassals) of existing agreements and to keep the relationship between the parties properly defined.¹⁵ Fifth, the listing of witnesses (including deities).¹⁶ Sixth, a curses-and-blessings formula that

¹⁰ibid., pp. 50-54.

¹¹ibid., p. 55.

¹²ibid., p. 58.

¹³ibid., pp. 58, 59.

¹⁴ibid., p. 59.

¹⁵ibid., p. 60.

¹⁶ibid.

spelled out what would happen if the contract was kept and what would happen if the contract was broken (cf. Deut. 28).¹⁷ Mendenhall points to several Biblical covenants, among them the Covenant of Moses and Joshua 24, as being covenants that contain these six characteristics.

The author is strongly impressed with the similarity between Mendenhall's description of historic covenants and the agreement contracts of Group B. In Group B the preamble and prologue aspects of covenant-making were dealt with in the group's first session (or whenever new members entered, or old members re-entered the group). Group B agreements also contained clear stipulations about what each party was to do in order to help bring about a resolution of their problems. Time was set aside to review existing agreements and to examine the relationship between various group members (e.g., Mr. and Mrs. A), between group members and the group as a whole (e.g., Mr. J's rejection as a deviant member), and between the group and their therapist (e.g., Mr. D and the therapist), and in some instances between group members and God (e.g., Mr. D's worry about what God would do with someone who had committed manslaughter).

Although the contractual characteristics of Group B most closely resemble Mendenhall's description of Israelite covenant traditions, it is the author's opinion that Group B's contractual

¹⁷ Ibid.

characteristics also are not in opposition to the New Testament conception of the nature of the new covenant. Rudolf Bultmann, for example, has reminded us that when Paul talks about "the new covenant," he is really emphasizing "the eschatological character of the Church in keeping with the general Christian view in terms of the Old Testament history of salvation."¹⁸ Paul goes on at great length to show that the "greater splendor" of the new covenant over the old covenant is that the new covenant contains more freedom.¹⁹ Bultmann presents Paul as maintaining that, "the Christian Church is the Congregation of the free...the man who once held the position of slave under the Law has been set free, to be no longer a ward; now he has the rights of a son (Gal. 3:23-4:7)."²⁰ However, Bultmann states that although Christ had done away with the Law's claim to being "the way to salvation," the Law's dictates still affect men, "so far as it contains God's demand, it retains its validity."²¹ It is the ethical commandments of the Law (Old Covenant) that Paul insists still have validity for Christians.²² For Counseling Group B, covenants or agreements were largely of an "ethical" nature. In the group the word "ethics" tended to be translated into the New Group Therapy

¹⁸Rudolf Bultmann, Theology of the New Testament (New York: Charles Scribner's Sons, 1951), I, 310.

¹⁹Ibid., p. 334.

²⁰Ibid., p. 340.

²¹Ibid., p. 341.

²²Ibid.

terminology that speaks of the need for individual and collective "responsibility." The covenants or contracts that were made in Group B dealt with the ethical conduct (e.g., parental responsibility, marital fidelity) that is demanded in the Old and New Testaments. In the setting of Pastoral Group Therapy the men and women of Group B were able to reaffirm the ancient covenants existing between God and his people in a way that made these "ethical demands" a living and therapeutic part of their lives. Walther Eichrodt has said that the covenants made between God and men contain a promise as well as a demand.²³ It is through the reality of steadfast covenants that the chaos and arbitrariness of life can be reduced to a manageable level. Eichrodt states that when we have a covenant relationship with God, and the author would add that one way we become aware of covenant relationships with God is through forming meaningful covenant relationships with men, we know "exactly where...[we] stand; an atmosphere of trust and security is created, in which...[we] find both the strength for a willing surrender to the will of God and joyful courage to grapple with the problems of life."²⁴

Joseph W. Knowles has greatly added to our understanding of the covenant aspects of Pastoral Group Therapy. He has said:

²³Walther Eichrodt, Theology of the Old Testament (Philadelphia: Westminster Press, 1961), I, 38.

²⁴Ibid.

The church and counseling group have in common the covenant nature of their fellowship. The God revealed in the history of the nation, Israel, and in the history of the Christian Community is the God of the Covenant. As a covenant-making God, He binds himself in love to His people. He is faithful and does not leave or forsake them. They may rebel and defy him, but the God of the Old and New Covenant continues to stand in relationship to those whom He has chosen.

Because God is faithful, the people of God are in covenant not only to be faithful to Him but to be committed in love to one another. In fact, their commitment to one another is grounded in and a witness to God's faithfulness to His own. The problem arises because God's people are covenant-breakers. They fall away from faithful commitment to each other. The world of impersonality, hostility, envy, search for power and glory invades the church. It becomes the community where relationships are superficial and distant. People do not stand with, meet, and become involved in depth with one another.²⁵

Knowles goes on to argue that a unique contribution of pastoral group therapy is that it provides a context in which covenants can be taken seriously.²⁶ It is the opinion of this author that pastoral group therapy similar to that conducted in Group B can be a context where covenants can be entered into realistically. Covenants require a degree of openness and honesty that is not usually present in the total Church structure. Robert Leslie has written that the "friendly atmosphere of usual church activities" that are "defined in other-than therapy terms" is not applicable to the soul-searching inquiry that is a part of meaningful pastoral group psychotherapy.²⁷

²⁵ Joseph W. Knowles, Group Counseling (Englewood Cliffs, N.J.: Prentice-Hall, 1964), p. 31.

²⁶ Ibid.

²⁷ Robert Leslie, "Group Therapy: A New Approach for the Church," Pastoral Psychology, VI (April 1955), 10.

Various authors have warned us against attempting to turn the institutional Church into a large-scale group therapy operation. Leslie has pointed out that persons who have church connections are not necessarily willing to participate in church programs where therapeutic procedures have been introduced surreptitiously.²⁸ He suggests that churches are well advised to develop, in addition to regularly constituted non-therapy groups, "groups designed frankly to accomplish some degree of therapy."²⁹ Although persons rightfully rebel against being tricked into undergoing therapy, they nonetheless may greatly benefit from voluntary programs that clearly outline in advance their therapeutic goals and methodology.

If a person voluntarily chooses to enroll in a pastoral group therapy experience, he may be told by the pastoral counselor that this is an opportunity to develop his spiritual life by entering deeply into what Christians have traditionally referred to as covenant relationships. Knowles states:

The counseling group in the context of the church takes the covenant to one another seriously. Members covenant to hold in confidence that which is shared in the context of the group. Each learns that he can share himself fully without being gossiped about. He finds a community that is faithful to honor the trust that he invests in it.³⁰

In pastoral group therapy covenants are in effect at very

²⁸Robert Leslie, "The Uniqueness of Small Groups," Pastoral Psychology, XV (June 1964), 44.

²⁹Leslie, "Group Therapy:...", p. 10.

³⁰Knowles, op. cit., p. 31.

deep levels. In a therapy group each member finds that the group will continue to work with him in spite of the antisocial (or sinful) behavior patterns that ordinarily would cause him to be rejected or exploited in other groups.³¹ In most secular non-therapy groups persons with problems in living find that inadequate patterns of behavior cause them to experience pain and failure ("judgment") without at the same time allowing them to receive support and critical analysis ("grace"). As a result they never develop the insight and corrective procedures that would be of assistance in working through their difficulties. Pastoral group therapy is different from normally constituted non-therapeutic secular groups in this regard.

...the counseling group is faithful to hear and to respond to each member, to face and meet each other. When a member violates the covenant, the group disciplines him. Nor does the group ignore the unobtrusive member. Patiently, it will wait for the person to "say something." Eventually, the group will turn and make overtures to include the silent observer and to take him into the fellowship.³²

Pastoral group therapy therefore is unique with regard to the way it verbalizes and actively helps persons discover what it is like to live in a meaningful covenant relationship.

In such a group, the idea of the church as a covenant people becomes concrete in the history of the experiences of group members. Within such experiences, the word of God's faithfulness takes on vital meaning. The counseling groups help make real this dimension of the doctrine of the church.³³

³¹ Ibid., pp. 31-32.

³² Ibid., p. 32.

³³ Ibid.

Directive Procedures in Group B as an Aspect of Pastoral Counseling

It has been the policy of analytic and client-centered psychotherapy to "avoid like the plague" directive and coercive procedures in therapy. Much of pastoral counseling has likewise adopted this point of view.³⁴ However, recent developments have reopened the question, whether psychotherapy should contain directive elements introduced by an "active" psychotherapist or fellow therapy group member. Richard R. Parlour has asked

Are human problems best handled through longsuffering, patient acceptance and kindness, or by means of establishing rules and standards and enforcing these? Obviously, both are necessary. Quite commonly, societies and individuals find themselves veering too far from an optimal middle course in the dichotomy.³⁵

A frequent procedure in directive therapy is to have the therapist deliberately structure the interview. Parlour says

In structured treatment, the therapist actively and deliberately strives to develop therapeutic policies, agenda, and associations with the patient, governing the conduct of the patients general daily activities as well as the consultations. Structuring is necessary to the degree that the patient is failing to fulfill expectations of reasonable behavior, considering his individual capacities and proclivities.

Some form and degree of coercion is always involved in psychotherapy....The resourceful psychotherapist utilizes the necessary coercion, rather than being stymied by it.³⁶

Jay Haley also believes that coercion or contract is exerted in all effective psychotherapy. Even passive client-centered approaches,

³⁴Hiltner, op. cit., pp. 145-172.

³⁵Richard R. Parlour, Robert B. Van Vorst, Phillip Z. Cole, "Permissiveness and Structuring in Modern Psychiatry" (Paper prepared for American Psychiatric Association, May 1964), p. 1.

³⁶Ibid., foreword.

according to Haley, subtly attempt to control or coerce the client.³⁷ As the author has already pointed out, group therapy structure as exhibited in Group B contains confrontational and contractual elements. In a therapeutic structure Eric Berne has said that the entire content of what transpires may be seen in transactional analysis terms as a process in which the contract between the patient and the therapist is continually clarified.³⁸ In Group B Mr. T began therapy by making the same implicit contact that he usually made with aggressive authorities. Mr. T expected both the group and its therapist to make him do the things that he knew he should do in life but was not doing. Because Mr. T was obviously suffering from his self-defeating behavior patterns, both the therapist and the group were extremely willing to give Mr. T the advice and encouragement that they thought would be helpful. Mr. T's response to this assistance was exhibited through several passive-aggressive ploys (e.g., he would forget the terms of the agreements that he had made with the group) directed at the group and its therapist. Eventually, the group realized that the original contract that Mr. T had made with them was not adequate. Mr. T was also unhappy with his lingering symptoms (halting speech, listlessness, and his inadequate professional and social

³⁷Jay Haley, Strategies of Psychotherapy (New York: Grune and Stratton, 1963), pp. 8-19.

³⁸Eric Berne, Transactional Analysis and Psychotherapy (New York: Grove Press, 1961).

performance). The group and Mr. T were able to change the implicit and explicit contract that existed between them to read that, while the group was willing to give advice, they were "not going to make him change anything." The group told Mr. T, "You have to live your own life. If you really want to behave more responsibly, you know what you have to do. You have asked for our help and then have rebelled when you received it. Now it is going to be up to you to produce then to come and tell us about your performance. We will help you any way that we can, but we won't make you do anything. It's your life and if you insist on the privilege, you have the right to behave in ways that will keep you feeling miserable."³⁹ A similar revised contract was worked out between Mr. T and the author. Group B was able to express concern, give guidance and most of all allow Mr. T ultimately to have the freedom to choose between staying where he was emotionally or courageously growing toward authenticity. Lewis Sherrill would describe Mr. T's predicament as a developmental and religious crisis.

At any time, from infancy to old age, crises may arise in the individual life. In any one of a myriad combinations of outward and inward events, one finds himself in circumstances where he feels the propulsion to pass over some sort of Jordan and enter upon some new level of responsibility and recompense. And yet this new step forward is a step into the unknown, peopled with dangerous creatures of fact, as truly as with menacing creations of fancy. The stage one has already reached in growth is good, though

³⁹ Summary statement from a Group B verbatim.

not yet fully satisfying. In that case is it better to bear the ills we know, or fly to others that we know not of? So the motive of growth is met by the motive of shrinking back. In that time of conflict, we have come to crisis, whether we are one year old, or three score years and ten.⁴⁰

Group B was able to help Mr. T pass over the Jordan that hitherto had kept him from attaining a "new level of responsibility and recompense."⁴¹ Sherrill maintains that as persons like Mr. T struggle to grow, and do grow, they become aware that their triumph is more than a mere phenomena of nature but "in its essence it is seen to be of the order of grace, emerging for the benefit of men from a source which is beyond man."⁴² Sherrill believes that growth and through growth the experiencing of grace can be seen in the religious terms of confrontation, judgment, and faith. These religious categories are highly relevant to the experience of members in Group B. In the group Mr. T was confronted by a "combination of circumstances which were placed before him" and which demanded that he either grow or stay as he was.⁴³ The combination of circumstances for Mr. T involved a divorce, a loss of children, vocational inactivity, self-defeating anger expressed through habitual patterns of passive-aggression, and a sense of worthlessness. Mr. T was also significantly confronted by his very presence in Group B, a setting where old and immature coping

⁴⁰Lewis Joseph Sherrill, The Struggle of the Soul (New York: Macmillan, 1963), p. 25.

⁴¹Ibid.

⁴²Ibid., p. 26.

⁴³Ibid., p. 27.

mechanisms (failure and self-destructive passivity) were analyzed and rejected. Mr. T experienced judgment in the midst of his neurotic patterns (arrested growth).⁴⁴ He also was held accountable in the group for his immature self-destructiveness. However, the group did more than merely acquaint Mr. T through confrontation with its judgment of reality. It was able to express love, provide a structure where growth could take place, and ultimately to celebrate with Mr. T the joy of growth. Sherrill has said that the man of faith leads "the life of a pilgrim who, while seeking the better country, has already begun to find it and to live within it."⁴⁵

In Group B the members struggled not just in finding the solution to mundane problems but also with the problem of discovering meaning within their existence.

Victor Frankl and other existentialist therapists have shown the importance of individuals being responsibly committed to goals and values.

Ultimately, man should not ask what the meaning of his life is, but rather must recognize that it is he who is asked. In a word, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible....in responsibility is the very essence of human existence.⁴⁶

⁴⁴Ibid., p. 30.

⁴⁵Ibid., p. 35.

⁴⁶Viktor E. Frankl, Man's Search for Meaning: An Introduction to Logotherapy (New York: Washington Square Press, 1963), pp. 172, 173.

Mr. T, like other members of Group B was pained by the realization that he had not been true to his values. In many cases members of Group B were only dimly aware of "what they really wanted" prior to their experience in Group B. As a result of the structure of Group B, where values unashamedly were presented and analyzed, the members were more clearly able to see what they deeply valued, how they were or were not living in harmony with their values, what they could do to live more authentically (strive to attain their goals and meet their commitments). In a few instances the members of Group B did, of course, verbalize goals and values that were the product of their neurosis (e.g., Mrs. A's neurotic desire to control Mr. A by making him suffer). The group and its therapist were able to assist these members to see where their goals and values were inappropriate (destructive of human personality). The author was impressed with the closeness of ethical consensus in Group B to what the Church has traditionally taught to be Christian morality. Group B was a laboratory for the exploration of the meaning of the Christian life. The membership of Group B was continually probing, covertly and overtly, how they could experience and accept the joys and responsibilities that were a part of their God-given potential. In Group B the therapist and the group as a whole helped each individual to write a contract referred to as an agreement list that developed policies and agenda that sought to handle constructively and appropriately their respective problems in living. In the mutual

development of agreement lists, reporting on success in maintaining one's agreement, analysis and criticism of individual performance, and in regularly refining or enlarging agreement lists, the therapist and membership of Group B conducted themselves in ways that expressed deep concern for one another. In the ways in which Group B members bore one another's burdens they expressed the pastoral function of being "representative Christian persons" who "bring Christian meanings to bear on human troubles."⁴⁷

Openness in Group B as an Aspect of Pastoral Counseling

The author discussed in the previous chapter the therapeutic effects of openness (confession) on the members of Group B. At this point attention will be paid to why openness is appropriate to Pastoral Group Therapy. Confession has traditionally been suggested by those responsible for providing pastoral care as a means of overcoming alienation. It has been closely related to the Church's understanding of discipline (confrontation) and forgiveness (confession, penance and absolution) as modes to bring about reconciliation with God and with neighbor.⁴⁸ Clebsch and Jaekle state:

The reconciling function enjoys an extraordinarily rich heritage in the church and remains a manner for which there is, as yet, no prominent non-pastoral substitute. The burden

⁴⁷W. A. Clebsch and C. R. Jaekle, Pastoral Care in Historical Perspective (Englewood Cliffs, N.J.: Prentice-Hall, 1964), pp. 4-5.

⁴⁸Clinebell, Basic Types..., p. 223.

of guilt under which moderns live -- guilt engendered by alienation from fellow man that interprets itself as also alienation from God -- is a form of human trouble with which the pastoral ministry has had longer and deeper familiarity than has any other helping profession.⁴⁹

The Church has historically been a confessional community. Knowles has declared that the people of God "confess not only their faith but their departure from their faith."⁵⁰ In what the author feels is a concise theological description of the need for confession to overcome the alienation that keeps man from growing in his ability to love God and neighbor, Knowles states:

We are a people made holy by the redemptive work of Jesus Christ. But we are also a sinful people whose lives and relationships become broken, alienated, and guilt-laden. We hurt one another. We become punitive toward ourselves in attempts to expiate our guilt and to recover the love relationship lost.

Fortunately, expiation is already accomplished; atonement is already made. Intellectually, members of the congregation know this. Many do not know it existentially, in the emotional depths of their being. The problem becomes one of how to appropriate the atonement already made and how to experience the forgiveness of God already guaranteed to us.⁵¹

A meaningful way that we can become aware of God's forgiveness and thus return to community is through confession. However, deep honest confession that will enable us to "open" ourselves to God and to our fellow men is rarely possible (or socially acceptable) in the formal structure of most of our churches. However, in a Pastoral Counseling Group operated under

⁴⁹Clebsch, op. cit., p. 63.

⁵⁰Knowles, op. cit., p. 32.

⁵¹Ibid.

the auspices of the Church confession is not only possible (and socially acceptable), it is actively encouraged. The fact that the group's therapist is also a pastor enables clients to see him as a symbol of the values that they wish to reaffirm. In speaking of the pastor's unique role in aiding those who are struggling with a burden of guilt, Clinebell says, "Many people come to him for help precisely because they feel guilty, often without being consciously aware of it."⁵²

In Counseling Group B the author observed persons who, for the first time, were able to open themselves to the healing forces of love and acceptance that were able to erode the barriers of alienation and isolation. These healing forces were in many cases unleashed through the painful process of open confession. Mr. D confessed his irresponsibility that led to the tragic loss of two young lives. Mrs. E confessed her paralyzing fears and her inadequacy as a mother. Mr. J shamefully confessed his sexual insecurity that had led him into homosexual practices. Mr. T confessed how his hostile passivity had helped to bring about the dissolution of his family. Mrs. A confessed her longing for extramarital romantic alliances. Mr. A confessed his infidelity. In contrast to his performance in Groups A and C, the therapist struggled to be appropriately open with the members of Group B.

⁵²Clinebell, Basic Types..., p. 226.

Openness in Group B involved more than merely verbalizing one's sins. It constituted a statement of faith in the integrity of the group. The therapist and membership of the group were committed to guarding carefully the confidences that they had received. They were also committed to doing everything possible to allow a member who had opened himself to them to be able to re-establish an authentic relationship with "significant others," community, and with God. Confessing members (and some that had not yet confessed) were confronted with the real damage that they had caused; they were given pointed suggestions about how they could make at least partial restitution; they were told how they could begin to act responsibly. The group faithfully supported fellow members in their attempt to deal constructively with their guilt and alienation by continually "checking up" on each other's progress. They reprimanded backsliding and they offered each other courageous support in their mutual growth toward maturity.

V. SUMMARY STATEMENT

The author has already indicated that in his opinion Group B, because of its open, directive, confrontational, and contractual characteristics, was both therapeutically superior and more appropriate to the Church's mission (the increase among men of the love of God and neighbor) than were Groups A and C. Because the New Group Therapy emphasizes such things as confession,

restitution, and responsible behavior, it will find many friends in the Church. The author believes that the Church can add to the inherent strengths of the New Group Therapy by placing therapy groups within the larger fellowship structure of the congregation and the Church as a whole. Confession, restitution, and continuing responsible behavior can certainly be profitably emphasized as a collective as well as an individual path to authentic living. The Church is also able to add depth to New Group Therapy procedures by interpreting to persons undergoing a therapeutic experience that their growth toward wholeness may be seen as an experiential manifestation of God's love toward them. In a Church setting restored personal authenticity, honest confession, forgiveness, acceptance, absolution, etc., can be celebrated through worship and meaningful Christian fellowship.

The author was interested in learning from Drs. Glasser and Mowrer what possible advantages they saw in conducting their respective therapies under Church auspices rather than conducting similar therapy in a secular setting. Dr. Glasser responded

It is my feeling that the concepts of Reality Therapy could be used in any circumstances where people come for help and where those working with them help those to give them help. I see the church as an excellent place to do this. But I see no special advantage or disadvantage in using these concepts against a religious background.⁵³

⁵³Statement by William Glasser in a letter to the author, October 25, 1966.

Dr. Mowrer's answer was:

I don't know that I have any very well considered thoughts on the "possible advantages of conducting the type of therapy you suggest under Church auspices rather than conducting similar therapy in a secular setting." We think that one of the advantages of this approach is that it can be used effectively and appropriately in both a religious and secular context. One reason I'd like to see the small groups movement really get started in the churches is that they represent such an enormous national resource: a quarter of a million churches in this country and roughly a third of a million clergymen. But there are also some ideological difficulties that stand in the way in some churches, and the movement, if it really gets momentum, may have to function very largely outside the established church. I just don't know what to expect in this connection.⁵⁴

The author is convinced that many people who seek the Church's help in dealing with problems in living can be greatly helped by becoming a part of a group conducted under New Group Therapy principles. Because of its emphasis on responsible behavior, the "New Group Therapy" gives the appearance of dealing with surface material. Inasmuch as it tends not to emphasize unconscious factors in interpersonal conflicts, this observation is correct. However, it has often been observed that life patterns can on occasion be markedly improved without dealing with deep unconscious material. The stressing of "here and now" interpersonal situations in no way relegates the "New Group Therapy" approach to a second-class therapeutic citizenship. In fact, dealing constructively with interpersonal conflicts on a functional level may well prevent later serious explosions. A couple dealing

⁵⁴Statement by O. Hobart Mowrer in a letter to the author, October 3, 1966.

with a current marital conflict may well save their relationship if they take "conscious" steps to avoid having their relationship become a snowballing self-defeating neurotic involvement.

Because the New Group Therapy deals with "here and now" material, it does not require the highly-trained leadership of "depth" therapy groups. In fact, the primary prerequisite of leadership for this type of therapy group is that the leader be a stable, mature, responsible adult. The therapist should also have had considerable experience as a client in a similarly-structured group. A qualified group leadership selection committee, with at least one member being a professional in a recognized mental health field, could be assigned the task of drafting potential leaders. The author sees no reason why group leadership (keeping in mind the above qualifications) could not be drawn from the laity as well as the clergy. From the author's own experience as a pastoral counselor, he recognizes the inexpensive nature of this type of therapy as being an important positive consideration. Because of the high cost of modern psychiatric treatment, the clergy and responsible laymen will need to continue to minister therapeutically to the poor. In situations where the charging of a substantial fee is not prohibitive, a special ministries fund (to pay for supervision and leadership development, etc.) could be established to receive contributions from clients. With a widespread sharing of leadership, large numbers of persons who would otherwise be excluded from participating in a Church-

sponsored counseling program could be included in an ongoing therapy experience.

BIBLIOGRAPHY

A. BOOKS

- Allport, Gordon. "Foreword," in Kurt Lewin, Resolving Social Conflicts. New York: Harper and Bros., 1948.
- Bach, George R. Intensive Group Psychotherapy. New York: Ronald Press, 1954.
- Barth, Karl. Church Dogmatics, Vol. III, Part 3. Trans. G. T. Thomson. New York: Charles Scribner's Sons, 1936.
- Berne, Eric. Transactional Analysis and Psychotherapy. New York: Grove Press, 1961.
- Bertocci, Peter Anthony. Introduction to the Philosophy of Religion. Englewood Cliffs, N.J.: Prentice-Hall, 1951.
- Bonner, Hubert. Group Dynamics: Principles and Applications. New York: Ronald Press, 1959.
- Boszormenyi-Nagy, Ivan, and James L. Framo (eds.). Intensive Family Therapy. New York: Harper and Row, 1965.
- Brister, C. W. Pastoral Care in the Church. New York: Harper and Row, 1964.
- Bultmann, Rudolf. Theology of the New Testament. 2 Vols. New York: Charles Scribner's Sons, 1951.
- Cartwright, Dorwin, and Alvin Zander (eds.). Group Dynamics: Research and Theory. New York: Harper and Row, 1960.
- Clebsch, W. A., and C. R. Jaekle. Pastoral Care in Historical Perspective. Englewood Cliffs, N.J.: Prentice-Hall, 1964.
- Clinebell, Howard J., Jr. Basic Types of Pastoral Counseling. Nashville: Abingdon Press, 1966.
- _____. Mental Health Through Christian Community. New York: Abingdon Press, 1965.
- Corsini, Raymond J. Methods of Group Psychotherapy. New York: McGraw Hill, 1957.
- Drakeford, John W. Integrity Therapy: A New Direction in Psychiatry. Fort Worth: Southwestern Baptist Seminary, 1965.
- Durkin, Helen E. The Group in Depth. New York: International Universities Press, 1964.

- Eichrodt, Walther. Theology of the Old Testament. 2 Vols. Philadelphia: Westminster Press, 1961.
- Festinger, Leon, and Elliot Aronson. "The Arousal and Reduction of Dissonance in Social Contexts," in Dorwin Cartwright and Alvin Zander (eds.), Group Dynamics: Research and Theory. New York: Harper and Row, 1960.
- Foulkes, S. H. Introduction to Group-Analytic Psychotherapy. New York: Grune and Stratton, 1949.
- Frankl, Viktor E. Man's Search for Meaning: An Introduction to Logotherapy. New York: Washington Square Press, 1963.
- Freud, Sigmund. Group Psychology and the Analysis of the Ego. New York: Bantam Books, 1965.
- Glasser, William. Mental Health or Mental Illness?: Psychiatry for Practical Action. New York: Harper and Row, 1960.
- _____. Reality Therapy: A New Approach to Psychiatry. New York: Harper and Row, 1965.
- Haley, Jay. Strategies of Psychotherapy. New York: Grune and Stratton, 1963.
- Harper, Robert A. Psychoanalysis and Psychotherapy. Englewood Cliffs, N.J.: Prentice-Hall, 1959.
- Herman, Morris. "Introduction," in William Glasser, Mental Health or Mental Illness?: Psychiatry for Practical Action. New York: Harper and Row, 1960.
- Hiltner, Seward. Preface to Pastoral Theology. New York: Abingdon Press, 1958.
- Hobbs, Nicholas. "Group-Centered Psychotherapy," in Carl R. Rogers Client-Centered Therapy. Boston: Houghton Mifflin, 1951.
- James, William. The Varieties of Religious Experience. New York: A Mentor Book, 1961.
- Kew, Clifton E., and Clinton J. Kew. You Can Be Healed. New York: Prentice-Hall, 1953.
- Klapman, J. W. Group Psychotherapy Theory and Practice. New York: Grune and Stratton, 1946.
- Knowles, Joseph W. Group Counseling. Englewood Cliffs, N.J.: Prentice-Hall, 1964.

- Kuhn, Margaret E. You Can't Be Human Alone. New York: National Council of the Churches of Christ in the U.S.A., 1956.
- Lewin, Kurt. Resolving Social Conflicts. New York: Harper and Bros., 1948.
- Locke, Norman. Group Psychoanalysis: Theory and Technique. New York: New York University Press, 1961.
- Moreno, J. L. "Philosophy of the Third Psychiatric Revolution, with Special Emphasis on Group Psychotherapy and Psychodrama," in Frieda Fromm-Reichman and J. L. Moreno (eds.). Progress in Psychotherapy. New York: Grune and Stratton, 1956.
- Mowrer, O. Hobart. Abnormal Reactions or Actions? Dubuque, Iowa: Wm. C. Brown, 1966.
- _____. The Crisis in Psychiatry and Religion. New York: Van Nostrand, 1961.
- _____. "How to Talk About Your Troubles." Urbana, Ill.: Discoverer, 1966.
- _____. The New Group Therapy. Princeton, N.J.: Van Nostrand, 1964.
- _____. Psychotherapy Theory and Technique. New York: Ronald Press, 1953.
- Mullan, Hugh, and Max Rosenbaum. Group Psychotherapy: Theory and Practice. New York: Free Press of Glencoe, 1962.
- Niebuhr, H. R. Christ and Culture. New York: Harper and Row, 1951.
- Powdermaker, Florence B., and Jerome D. Frank. Group Psychotherapy: Studies in Methodology of Research and Therapy. Cambridge, Mass.: Commonwealth Fund, 1953.
- Rogers, Carl R. Counseling and Psychotherapy. Cambridge, Mass.: Houghton Mifflin, 1942.
- Rosenbaum, Max, and Milton Berger. Group Psychotherapy and Group Function. New York: Basic Books, 1963.
- Satir, Virginia. Conjoint Family Therapy. Palo Alto, Calif.: Science and Behavior Books, 1964.
- Schachter, Stanley. "Deviation, Rejection, and Communication," in Dorwin Cartwright and Alvin Zander (eds.). Group Dynamics: Research and Theory. New York: Harper and Row, 1960.

Sherrill, Lewis Joseph. The Struggle of the Soul. New York: Macmillan, 1963.

Slavson, S. R. Analytic Group Psychotherapy. New York: Columbia University Press, 1951.

_____. Child Psychotherapy. New York: Columbia University Press, 1952.

_____. "General Principles and Dynamics," in his The Practice of Group Therapy. New York: International Universities Press, 1947.

_____. The Practice of Group Therapy. New York: International Universities Press, 1947.

_____. A Textbook in Analytic Group Psychotherapy. New York: International Universities Press, 1964.

Whitaker, Dorothy, and Morton Lieberman. Psychotherapy Through the Group Process. New York: Atherton Press, 1964.

Williams, Colin W. Where in the World. New York: National Council of the Churches of Christ in the U.S.A., 1963.

Wolf, Alexander. "The Psychoanalysis of Groups," in Max Rosenbaum and Milton Berger (eds.). Group Psychotherapy and Group Function. New York: Basic Books, 1963.

B. PERIODICALS

Jackson, D. D. "The Question of Family Homeostasis," Psychiatric Quarterly Supplement. No. 31 (1957), 79-90.

Leslie, Robert. "Group Therapy: A New Approach for the Church," Pastoral Psychology. VI (April 1955), 9-14.

_____. "The Uniqueness of Small Groups," Pastoral Psychology. XV (June 1964), 33-40.

Mendenhall, George E. "Ancient Oriental and Biblical Law," Biblical Archaeologist. XVII, 2 (May 1954), 26-46.

_____. "Covenant Forms in Israelite Tradition," Biblical Archaeologist. XVII, 3 (September 1954), 50-76.

Schilder, Paul. "The Analysis of Ideologies as a Psychotherapeutic Method, Especially in Group Treatment," American Journal of Psychiatry. (November 1936).

Wender, Louis. "The Dynamics of Group Psychotherapy and its Application," Journal of Nervous and Mental Diseases. LXXXIV, 1 (July 1936).

Yoder, H. Walter. "Solving Problems in a Church Group," Pastoral Psychology. VI (April 1955), 31-36.

C. UNPUBLISHED MATERIAL

Cole, Phillip Z., and Richard R. Parlour. "The Family Therapy Meeting." Paper prepared for the Annual Meeting of American Group Psychotherapy Association, January, 1965.

Mowrer, O. Hobart. "Conscience and the Unconscious." Presented at the annual meeting of the British Psychological Society, April 1, 1966. To be published in Journal of Communication Disorders. (Mimeographed.)

_____. "Integrity Therapy, What it is and How it Helps People." Available from the Dis-Coverer, University of Illinois, Urbana.

_____. "Loss and Recovery of Community." To be published in G. M. Gazda (ed.). Theories and Methods of Group Psychotherapy and Counseling. Springfield, Ill.: C. J. Thomas. (Mimeographed.)

_____. "Mental Health Study Requires Historical Dimension." Available from the Dis-Coverer, University of Illinois, Urbana.

_____. "New Evidence Concerning the Nature of Psychopathology." Urbana: University of Illinois, 1966. (Mimeographed.)

Parlour, Richard, Robert B. Van Vorst and Phillip Z. Cole. "Permissiveness and Structuring in Modern Psychiatry." Paper prepared for American Psychiatric Association, May, 1964.

_____. "Rediscovered Dimensions of the Psychotherapist's Responsibility." Paper prepared for staff of California Medical Facility, Vacaville, California, December 10, 1965.

_____. "Structuring the Psychotherapy." Paper prepared August 3, 1964. To be published in O. Hobart Mowrer (ed.). Morality and Mental Health.

"This is Integrity Therapy." Card available from Integrity Therapy, Urbana, Illinois.

D. GOVERNMENT PUBLICATION

Bell, John Elderkin. Family Group Therapy. Public Health Monograph No. 64. Washington: Government Printing Office, 1961

APPENDIX

GROUP C QUESTIONNAIRE

(This Questionnaire was completed by fifteen members of Group C on two separate occasions. There was a therapy period of five months between the members' first and second Questionnaire responses.)

Please check the space that most accurately describes your (feeling) response to the following questions.

I. MYSELF

I would describe myself as being

- (a)
A very pleasant person to be around.
- (b)
A person whom other people understand very well.
- (c)
A person who has not received the recognition from others (family, friends, employees, etc.) that I have deserved.
- (d)
A person who hesitates to tell other people what I really think.

Very True	True	False	Uncertain	No *
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
1	13 10	1 2	3	
2	6 8	4 5	5	
1	1	13 14	1	
2	5 6	10 6	1	

(e)
A person with very good ideas.

(f)
A person with several close friends (five or more).

(g)
A person with few close friends (two to five).

(h)
A person with no close friends.

(i)
A person who dislikes being involved in conflict.

(j)
A person with many personal problems.

(k)
A person with a strong religious faith.

(l)
A person who is comfortable in the presence of members of the opposite sex.

(m)
A person who makes a very good member of a group.

(n)
A person capable of group leadership.

Very True	True	False	Uncertain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
1 4	9 9	1 2	3	1
3 5	7 4	4 6		1
2 1	3 5	10 8	1	
		15 14	1	
2	4 6	10 7	1	
	2 3	13 11	1	
2 5	10 9	1 1	2	
4 4	9 11		2	
2 1	9 10	1 2	2 2	
2 2	8 6	3 4	2 3	

11. THE GROUP

I feel that this group

- (a)
Is too large to allow
intimate personal
sharing.
- (b)
Is interested in the
wrong things.
- (c)
Has members who are
likely to gossip (out-
side of the group)
about other members of
the group.
- (d)
Is of little personal
help to me.
- (e)
Is concerned about my
happiness.
- (f)
Is not religious enough.
- (g)
Is the most significant
social experience that
I have all week.
- (h)
Has one or more persons
that are unpleasant to
be around.

Very True	True	False	Uncer- tain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
		15 2 11	2	
	2	12 12	1 3	
2 1	6 3	4 7	3 4	
	2 1	12 11	1 3	
4	10 5	2 1	3 4	
	6 1	9 10	4	
1 4	4 7	9 2	1 2	
1	1 4	14 9	1	

(i)
Is not likely to gain
anything from a "per-
sonal growth experience."

(j)
Is not the kind of group
that I like to be in.

(k)
Is a very friendly
group.

(l)
Has a family-like
atmosphere.

Very True	True	False	Uncer- tain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
	1	13 14	1	1
		15 12	3	
3 4	12 9	1	1	
2 2	9 8	3 5	1	

III. LEADERSHIP

I feel that in this group

(a)
We have had (up to the
beginning of this per-
sonal growth project)
good leadership.

(b)
We have a good personal
growth group leader.

(c)
We have been able to
share our ideas.

Very True	True	False	Uncer- tain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
1	11 5	2 3	2 6	
5	5 8	3	6 2	1
2 6	11 8	2	1	

(d)

We have been allowed by the leader (or leaders) to share our deep feelings about things and people that have affected us negatively (caused us to feel hurt or anxious or hostile).

(e)

We have been allowed by the leader (or leaders) to share our deep feelings about things and people that have affected us positively (caused us to feel accepted or warm or joyful).

(f)

The leader should take responsibility for class content and program.

(g)

The leader needs to know me intimately.

(h)

The leadership needs to be shared among its members.

(i)

The leader should be selected for our group mainly on the basis of his understanding of the Bible.

Very True	True	False	Uncertain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
2 3	6 11	5	2 1	
2 5	12 9	1		1
1 1	5 4	9 9	1	
1 1	4 6	7 6	2 2	1
2 3	9 12	3	1	
	4 1	9 13	2 1	

(j)
It is very important
that our leader help us
get things done (e.g.,
organize class proj-
ects).

(k)
The leader should avoid
making class members
angry or anxious.

(l)
The leader needs to have
a better relationship
with God than we have.

Very True	True	False	Uncer- tain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
2	9 7	4 6		
	3 2	11 12	1 1	
1		13 13	1 2	

IV. RELATIONSHIP OF THE GROUP TO OTHER ASPECTS OF LIFE

I feel that this group

(a)
Is a significant part of
my social life.

(b)
Helps me to better under-
stand the world I live
in.

(c)
Helps me to improve my
relations with people in
general.

Very True	True	False	Uncer- tain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
2 5	8 10	4	1	
5	12 8	2 1	1 1	
1 5	9 9	3 1	2	

(d)
Helps me to live a
better Christian life.

(e)
Causes me to be
related in a meaningful
way to this congrega-
tion.

(f)
Gives me an
opportunity to
develop deep friend-
ships.

(g)
Is an important
channel for my Chris-
tian witness.

(h)
Helps to keep me
from having evil
thoughts.

(i)
Helps me to remove
evil thoughts from
my mind.

(j)
Is an important
channel through which
I can make a contribu-
tion to the community.

Very True	True	False	Uncer- tain	No * Reply
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
2 4	12 8	3	1	
6 5	7 6	3	1 1	1
4 5	8 7	2 2	1	1
3 2	11 6	1 3	3	1
	3 3	11 12	1	
1	4 4	8 10	2 1	
6	6 10	2 4	1	1

V. WHAT I WOULD LIKE TO SEE HAPPEN TO THIS GROUP

	Very True	True	False	Uncertain	No *
	1st 2nd	1st 2nd	1st 2nd	1st 2nd	Reply
(a) Return to Bible-centered Sunday School lessons.	1	3 5	6 6	4 4	1
(b) Deal with Christian ideas rather than personality problems.	1	8 4	3 4	1 6	2 1
(c) Have its leader assume more responsibility for the class sessions.		4 6	9 8	2 1	
(d) Have more social events.	2	9 11	3 2	1 2	
(e) Continue in its attempt to be a "personal growth group."	4 4	9 10		1 1	1
(f) Become more democratic.		2 3	9 6	4 5	1
(g) Become more interested in class projects.	4	11 12	1	2	
(h) Become more closely integrated with this congregation.	2 1	12 10	2	1 2	
(i) Disband.			15 14	1	

VI. MY FEELINGS ABOUT THIS
PERSONAL GROWTH GROUP EXPERIENCE

	Very True	True	False	Uncer- tain	No * Reply
	1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
(a) It is definitely moving in the right direction.	2 6	5 7	3	3 2	2
(b) It is an unwarranted in- vasion upon my private life.			13 12	3	2
(c) It would be more ef- fective if it had a different leader.			11 12	2 3	2
(d) This type of personal growth group has no place in the life of the Church.			13 13	2	2
(e) I am anxious about ex- pressing my feelings about other members of this group.	3	2 6	11 5	1 1	1
(f) I am anxious about hav- ing the other members of this group express their feelings about me.	1	5 6	8 6	2	2
(g) It makes me angry to have members of this group "point out" my weaknesses and per- sonality problems.		2 2	10 11	1 2	2

(h)
I see it as an out-
standing opportunity
to get to know myself
better.

(i)
It is a laboratory
experience in which
I can learn better
ways of relating to
others.

(j)
It is a setting in
which I can be
honest.

(k)
I recommend that
other groups in the
congregation begin
groups modeled after
our "personal growth
group."

Very True	True	False	Uncer- tain	No *
1st 2nd	1st 2nd	1st 2nd	1st 2nd	1st 2nd
3 5	8 9	2 1		2
2 3	7 11	2	2 1	2
2 2	9 13	1	1	2
4	6 6	3	3 5	3

* This category not included on questionnaire.

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